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ARTICLE I.

Abnormal Elongation of the Tibia, consequent on extensive Ulceration of the Leg. By ALEXANDER BARON, M.D. of Charleston, South Carolina.

ON the 20th of May last, a patient was sent to me from a neighbouring plantation, with an ulceration of the leg which had existed for very nearly five years; during which time it had been under surgical treatment, without any benefit. The individual was a negro boy, about nineteen years of age, and had, previously to the receipt of the injury, (a simple laceration of the integuments,) which caused the ulceration, enjoyed comparatively sound health, although scrofulously disposed; but at this time presented an emaciated appearance, was excessively irritable, laboured under occasional fever of hectic character, with loss of appetite, great prostration, and upon the slightest change of weather, suffered more or less from rheumatic pains. The ulceration occupied nearly two-thirds of the leg, and almost encircled it,—was indolent, irritable, and exhibited a great tendency to slough. On the anterior face of the tibia, existed an exostosis, occupying fully the middle third: it was firm, hard and very little sensible on pressure. The disease, although of a serious character, was by no means uncommon. A peculiarity in the case, however, was remarkable, as well for its singularity, as for its novelty; it consisted in an unnatural elongation of the tibia, which, upon measurement, was found to be two and a half inches longer than the corresponding bone of the other limb.

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The unsound bone was much curved outwardly from accidental position; and if it had been perfectly straight, would have made the difference between it and its fellow, fully, if not more than, three inches. Upon consulting several medical gentlemen in the city, it was deemed absolutely necessary that amputation should be performed, as the only resource left which afforded any chance for the preservation of life. A question arose as to the possibility of performing the same below the knee. From the length of time that the disease had existed, however, its extent, the general loss of health, and the patient's thin, weak and debilitated condition; together with the supposed great thickening of the periosteum, and the belief (afterwards confirmed by examination) that the entire bone was diseased; it was decided that it should take place above the knee. This was accordingly performed on the fourth of June subsequent, by means of the circular operation, having previously restored him to comparative general health. The same objections of course held, as to any operation for exostosis on the bone itself.

It is one object in this paper to endeavour to point out some of the causes which in all probability operated in producing this abnormal elongation; a similar instance of which, we believe, is not, that we are aware of, recorded in any surgical work to which we have had access. We have conversed with several individuals of the profession, and no one, so far, has been enabled to recall a corresponding instance. We have known elongation of the whole limb to have occurred, as a sequence of extensive ulceration at the hip joint; but have never met with a parallel change in an isolated bone. Meckel speaks of extension of the bone, but affirms that it can only be the result of mechanical force applied at either end; and he then further affirms, that the body of the bone must become, throughout its entire extent, swollen or enlarged, in consequence of the separation of its constituent molecules, which was not the case in this instance, the enlargement being only partial, and confined to a limited portion only of the bone, as well as being wholly independent of all mechanical influence. The case we consider anomalous, and we would be glad that any of our professional brethren who may have met a similar instance, should give publicity to the same. At first sight, it was apprehended that the sound bone had been fractured—that shortening had taken place, and that the difference in length between it and the then unsound limb, might have been accounted for. Upon inquiry, however, it was found that

no fracture had ever occurred. We also ascertained that no inequality in length had ever existed congenitally. The following remarks, therefore, which the case has suggested, are now thrown together with the hope, that they may be serviceable to the profession.

An invariable characteristic of all functional performance is, that in a state of health, the play of all the functions is remarkable for comparatively regular and undeviating action; while it is no less established, that all deviations from this standard, all aberrations of function, whether of increase or decrease, are dependant on some change, or influenced by accidental causes, either in the kind or degree of action occurring in organs themselves. The rule is applicable to every functional action which takes place in the economy. In the normal state, neither more nor less than a certain standard result follows functional exercise. This, however, may not constantly be the case. Accidental circumstances, of various character, may and do frequently arise, under which departures from this standard may as variously be exhibited; and in the majority of such departures, excitation or enhancement of functional exercise exists, rather than diminution or depression of the same. This is evident, inasmuch as it will not be denied, that a certain degree of vitality must be present in every organ and structure, as an indispensable first cause of functional exercise; and whatever may be the degree of that vitality, or whatever its integrity, it is in all cases liable to impressions, in proportion to the character and energy of which will be the effect produced upon that vitality. Now whether it be invariable that all impressions, from whatever source, are primarily stimulant, or not, which many contend for, and which we believe; still, the immediate result of such impressions must, in the majority of instances, be decidedly excitative to a certain extent, since but comparatively few cases occur, and we think it highly doubtful that they ever do occur, of immediate and absolute depression or debilitation of vitality, and then only when the impression is made suddenly and in extravagant violence. Independently of this also, the occurrence of such positive sedation may fairly enough be denied, inasmuch as it takes place under extraordinary and unusual circumstances, and cannot of necessity be certainly recognizable by the most accurate and acute observation.

Again, it may be safely argued, that the immediate effect is that of stimulation, from the fact, that all the operations which

take place in, and all the functions of the economy, are dependant on some one kind of appropriate stimulus. Thus the heart ceases action, or imperfectly performs its office, upon the withdrawal or deterioration of its peculiar circulatory fluid—the lacteals and absorbents generally are indebted for the perfect performance of their actions, to the presence of chyle and other respective stimuli—the evacuation of the large intestines to the existence of fæces within their cavity,—and the due exercise of the functions of the liver to the presence or absence of bile, &c. Now it must be granted, that in any of these instances, a stimulant operation must be wrought—else why should we have cessation of action on the abstraction of these appropriate stimuli, which we know does take place. In no one instance, nor in any, do we find a natural and primary sedation effected. It is fair to infer, therefore, that the action of any extraneous, or unnatural agent, on any of the organs, is more or less immediately stimulant, and the consequence of such action must be a greater or less enhancement of functional performance.

We are disposed then to regard, in the present case, an excessive play of the functions of *nutrition* and *absorption* proper, as the prominent cause, by the instrumentality of which the elongation alluded to was produced. That the energy and activity of these two had been enhanced by the stimulant operation of disease, through the intervention of the vitality of the bone, taking into consideration also the age of the individual.

In the first place then, what was the condition of the bone at the period of the receipt of the injury? It was perfectly sound, making allowances for the scrofulous disposition of his constitution—the boy's general health was not materially impaired, and all his functions, it is fair to presume, were in a normal condition. But at this time, his age was fourteen, and all his functions were in fuller play than they would have been at any subsequent period of his life, and this more particularly as regarded nutrition and absorption. The bone, therefore, had not attained its ultimate or maximum growth, and these functions were in active exercise, uncontrolled by any diseased action. Had no injury occurred to mar this equalized condition, no elongation could ever have arisen, as the corresponding limb evinced; which had not at the age of nineteen, when he came under our charge, perhaps, fully reached its final growth and size, and yet, was then, as we have stated, by measurement, two and a half inches shorter than the other. What now was the state of the bone at

this latter period, up to which the influence of disease had been steadily progressing? Perhaps for a few months succeeding the receipt of the injury, no inconvenience had been felt, and the use of the limb had not been interrupted. Pressure on the head of the bone had still continued, and the bone may have been unaffected. As soon, however, as it became the seat of disease, of consequent increased functional exercise, and its use impossible, all pressure was removed. Full play was given to its growth—its nutrition and absorption, unrestrained before, were now rather enhanced in activity by the excitement of disease, while not only were those so enhanced, but an irregular and misapplied exercise of their powers also existed. This was evident from examination of the bone after amputation. As regards nutrition, such had been its activity, that unnatural depositions of bony matter exhibited themselves, as the exostosis proved; and absorption also had been abnormally and irregularly active, from the nearly entire removal of the cancellated structure. It is plain, therefore, that there must have been excess of functional energy, as well as irregular exercise of the same.

We regard, however, the age of the individual as influencing the greater or less consolidation of the bone, as a material cause of the elongation. It will be remembered, that this was between the ages of fourteen and nineteen,—that at that time the bone was by no means completely ossified—that the long bones are the last to be so, and that they attain their growth by successive depositions of bony matter, or matter convertible into bone, as well at the centre as at either end of the same. Their growth is conducted also, in opposite directions, from the centre of the shaft towards each extremity, and from the centre of each extremity towards the centre of the shaft—that at this age the intermediate spaces between these respective centres were comparatively cartilaginous, and that the extremities are those which are the last to be consolidated, as the experiments of Duhamel, and the authority of Meckel prove. In this state of incomplete ossification, any force exerted upon the bone must have caused more or less shortening or curvature, provided that force had been unnatural. The reverse, then, or elongation, may have occurred, since all force was removed, even that of pressure from use. The fullest opportunity was afforded for preternatural growth, aided and assisted as the functions of nutrition and absorption were, by the stimulus of disease and unnatural excitement. We know, moreover, that even at the age of twenty; maceration

detaches the epiphysis from the bodies of the long bones. It is then from birth, up to, or beyond this period, that the majority, if not all, of the alterations in form are liable to occur. Hence we infer that the age of the individual materially contributed to the elongation of the bone.

The stimulant impression then of disease as exerted upon the natural vitality of the bone, may be regarded as the first change which occurred. It was necessarily enhanced, and the functions as necessarily derived from this an increased energy and activity. But this energy remained uncontrolled, at the very period during which it was, even in the normal condition, highly active. The necessary pressure, by means of the opposing bones at each extremity, was removed, and the functions then being wholly unrestrained, and the condition of the bone being, at that age, that of incomplete ossification; we have reason to infer that excessive play of function was decidedly instrumental. It is worthy of remark here, that the fibula attached to the unsound bone remained unincreased in length, and was of the same size with its fellow of the opposite leg; which may be accounted for from the fact that it was not the seat of disease, and should be regarded as an evidence of the correctness of our remarks. Another circumstance which materially contributed to the elongation of the limb, was the extensive destruction of the soft parts themselves. We have said that the ulceration occupied nearly two-thirds of the leg, and almost encircled it. It was also very deep, insomuch that entire inability existed of moving the toes, from the injury of muscular structure; and what little did remain of this, had less power and tone from the long period of total inaction to which it had been subjected. How then did this loss of soft parts assist in producing the change in the bone? We have shewn how effective the pressure on the extremities of the bone was. The same opposition must have been made by the muscles of the leg, with this difference, that in place of direct pressure, the natural contractility exercised a degree of traction on the same ends of the bone, productive necessarily of a similar effect with that wrought by the actual pressure. As soon, however, as this counteracting force was removed, which of course was gradual, by the ulcerative process, still fuller play was afforded to the then rapidly growing bone, which in combination with the absence of pressure and enhanced functional performance, promoted, or rather permitted, extension beyond the natural limit.

Again, a greater or less preternatural alteration of the bony structure must have existed at some one period during the five years, which would also have assisted in bringing about extension of the bone. We have Meckel's authority for affirming that where the vitality of the bone has been exalted by disease, a change takes place in the compact substance of the same, it becomes converted into a spongy substance, and that all differences, even between the compact and spungy cellular portion, or diploë, are effaced. That such a change did take place in a portion, if not throughout the whole bone, was evident from the examination of the same after amputation. In sawing through the bone longitudinally, it was found that the cancellated structure was nearly all removed, and that immediately under the base of the exostosis, the cavity was twice as capacious as at any other part. Now that compact portion of the shaft, at this point, must have been first softened and then removed, and this change could not have been exclusively confined to the base alone of the tumour, but must have extended more or less along the remainder of the bone. It is immaterial, however, that this last should have been the case. The change into spongy substance in the circumscribed portion was amply sufficient. The texture of the bone then, in place of being compact and firm, had become soft and pliant, and of necessity offered less resistance to the growth and elongation. Full scope was given to the action of the formative powers, and this again, in connection with the agencies spoken of above, must have certainly contributed in no small or trifling degree.

Moreover, such a change must have occurred, from the fact that the bone presented, as has been stated, a considerable curvature outwardly. This, we would remark, was unnatural, since the corresponding tibia was perfectly straight, and no previous accident had ever given place to the same in the unsound limb. The individual, when sitting, or lying down, had contracted a habit of resting the diseased member on the opposite knee, having thus no support for the body of the bone itself, the foot only being sustained. Had there been, therefore, no softening or alteration of the bone, no curvature could have arisen. It would have remained, in spite of position, perfectly or nearly very straight. This was not the case, however, and we can only account for the curvature, by allowing the existence of this organic change, and the influence of the peculiar position. But independently of this, a soft condition of the bone, at that age, must, physiologically

speaking, have existed, whether or not an abnormal change of structure had arisen, from the impression of disease, which of itself was amply sufficient for all purposes.

We have, therefore, four agencies, which, it is fair to presume, were instrumental in the production of this novel and interesting change in an isolated bone. 1st. The increased energy of functional action, as dependant on enhanced vitality. 2d. The absence of all opposing and counteracting force, as exerted by direct pressure on the extremities of the bone. 3d. The extensive destruction of the soft parts, and the loss of tone and contractility in so much of the muscles as remained uninjured, by which all, or nearly all opposition to growth or extension was removed. And—4th. The material organic change of structure, from compact solid to soft or spongy condition of the bone.

As an evidence of the correctness of this explanation, as regards the first and last agency, we may take into consideration the scrofulous disposition of the patient. It is universally remarked in individuals possessed of this habit, that every tissue of the body, but more particularly the white or lymphatic tissues, is liable to assume, when subjected to irritating causes, a degree of sub-inflammation. When, however, the diathesis is more strongly marked, even the more dense and less vital, may be affected with such inflammation. Thus the periosteum, ligaments, cartilages, and even the bones, may, under this influence, *lose their density and insensibility.* Such was the case in the present instance. The individual, up to the period of the receipt of the injury, had at various times suffered from enlargement generally of the glandular system, and even when under our care, had a considerable enlargement of the inguinal glands of the diseased limb. And here we must not omit recording the very prompt disappearance of this hypertrophied gland, subsequently to the performance of the operation. Its size was fully that of a pigeon's egg. Two days had scarcely elapsed after the amputation, however, and it had resumed its natural size. The lymphatic, then, had at first been evidently diseased and sub-inflamed. As soon as the ulceration progressed, the bone, from its vicinity, became affected—its natural insensibility became less and less distinct—a degree of sensibility was substituted—irritation was established, and soon a state of sub-inflammation predominated; the effect of which was an unusual accumulation of nutritive fluid, and of course an exaltation of nutrition, or hypernutrition, succeeded. We know that in early life, and in a scrofulous habit, a plethora

of the lymphatic tissue singularly favours the occurrence of sub-inflammations, which are always ready to take up their position in such parts as are labouring under the influence of irritating causes, which was the case with the bone here. Now, it is not to be denied, that inflammation always begins by increasing the vitality and volume of the tissues affected by it, and we cannot account for this increase of volume otherwise than by presupposing an enhancement of nutrition. Increased energy of functional action then, must have occurred, although its progress was slow.

Again, as regards the change of structure spoken of,—not only may the bone, in such a habit of body, have lost its density, and become softened; but a striking analogy likewise exists between this case and that of rachitis. The last disease is one to which scrofulous patients are most exposed. This affection consists in an unequal combination of the phosphate of lime and the gelatine of the bones. Hence, from this disproportion, distortion and curvatures occur, the bone not being sufficiently firm to sustain the pressure of the trunk and the contraction of the muscles. The scrofulous habit of our patient rendered it probable that such a disproportion, perhaps in a trifling degree, even then existed, and if not, that a liability or tendency at least, to the exhibition of the same, remained, upon the subjection of the bone to the excitement of disease. Now, we have already said, that the periosteum in this case was considerably thickened, that a degree of irritation, amounting to sub-inflammation, in it, and in the bone itself, also existed; and we have no doubt that the same was present in the medullary tissues besides. It is plain, we think, therefore, that this exalted irritability must have caused a resorption of the earthy portion, assisted by the tendency incident to the habit of the patient; in confirmation of which we would remark, that in cases of fracture, in a sound habit of body even, we find that the extremities of the fractured bones become soft during the excess of inflammation, and upon the subsidence of inflammation resume their hardness and solidity.

In rachitis, the curvature is the result of pressure and muscular contraction. In this case, however, these, as we have stated, were entirely removed, and thus we are enabled to see in what manner the second and third agencies alluded to, operated in producing the elongation of the limb, in this unique and highly interesting case.

ARTICLE II.

Extirpation of Tumours from the Jaws. By Wm. L. Horton, M.D. of Abingdon, Md.

Case I. Mrs. Hampton, aged 36, applied to me in 1812, to obtain relief from a tumour situated on the anterior part of the upper jaw. It was about the size of a pigeon's egg, projecting quite beyond the lips. On examination it was found to be hard and firmly attached. Removal by the knife was recommended, to which the patient readily assented. The operation was performed in a few minutes; but the hemorrhage was profuse and somewhat troublesome. This was restrained by the actual cautery. The tumour was a real scirrhus, and originated from a decayed tooth, which was also removed. The patient got well in a short time.

Case II. A negro woman, belonging to Mrs. Michael, had a tumour on the lower jaw, about the size of the foregoing, which was removed by the knife, in 1830. Recourse was again had to the actual cautery to stop the hemorrhage. The tumour occupied the place from which two decayed teeth had been removed. In a few months it returned, and attained nearly its original size, and was again removed. It was then discovered that the root of a tooth had remained in the jaw, and this was also removed. The disease returned no more, and the patient got well in a short time.

This tumour was also of a hard scirrhus structure.

Case III. Miss Margaret Cronine, aged 18, had a tumour on the left side of the lower jaw, nearly the size of a hen's egg. It had made its appearance about six months before. This was removed by the knife on the 6th August, 1834, and two decayed teeth, from which it proceeded, at the same time. On the 2d of September it was found to have grown to half its original size, and was again removed. On the 7th of September a similar tumour was observed to be progressing on the opposite side of the jaw. Two carious teeth being removed arrested its progress. On the 7th of October, the first tumour was found to be rapidly growing, and was, for the third time, removed. On the 27th November, the tumour had attained nearly its original size, and the operator despairing of making a cure, advised the patient to go to Baltimore for surgical advice. This she sternly refused to do, but insisted on my operating *once* more. Miss C. had lost

a brother with a similar disease, under treatment *from home*, and said, "if she must die, she would die *at home*."

She was admonished that although the tumour could be again removed, as it frequently had been, yet in all probability it would again return. The operator being discouraged, was really anxious to get her off his hands. Still she persisted. Determined on my part to make thorough work in this last effort, I cut to the bone, and with a hot iron seared into the sockets of the teeth. I then applied nitric acid freely, confining it to the part with wax. The wound was ordered to be dressed two or three times a day with lint dipped in nitric acid, and wax to be applied over the dressing. In three weeks the wound healed sound, and now (June 25th, 1835) there is no appearance of a return of the disease. On the contrary Miss C. has recovered her personal beauty and former cheerfulness.

The above cases, which are extracted from my memorandum book, may serve to admonish us of the propriety of removing decayed teeth promptly. That tumours originating from this cause are generally of a scirrhus character, and would terminate in cancer. The last case may serve as a lesson to young practitioners, whose motto should be *Nil desperandum.*

ARTICLE III.

Observations on preternatural enlargement of the Uterus, ending in permanent induration, with a case. By PETER CHATARD, M. D. of Baltimore.

DESTINED by nature to perform an important function, during one half of the female's life, and forming at the same time a focus of irritability and sensibility, the uterus is subject not only to many diseases common to it and other organs, but also to others peculiar to itself; such as vicious menstruation, affections of the ovaria, and the morbid alteration now under consideration, which, according to the proper signification of the word hypertrophy, I would call morbid hypertrophy, to distinguish it from the extraordinary increase of nutrition, which perhaps, although in itself a morbid state, nevertheless permits the organ to perform a healthy function, as it is not unfrequently observed in other organs, such as the heart, the liver, the pancreas, the kidneys, and even the locomotive muscles, in which we find

that their constituent fibres are similar and healthy, though in an uncommon state of growth; whereas in the kind of hypertrophy here mentioned, these constituent parts are quite dissimilar, and do not resemble the primitive ones. To explain the modus agendi of nature in these cases, is not in my power: the occult laws of nature are not to be explained by man. But certain it is, that it is not uncommon to see women, after having suffered more or less in the region of the uterus for a year or two, restored to a certain degree of quietude, with no other inconvenience than a large abdomen, caused by an indolent and hard ball which they properly refer to the womb.

I have seen many such cases in the course of forty years practice, although I have have had but one single opportunity of *post mortem* examination, which will be given in the sequel.

These women, in order to alleviate their sufferings, and if possible to remove the cause of it, apply to physicians, who, after having gone through the common course of treatment, are at last obliged to give up the case to nature. This truth is illustrated by the cases of three individuals, now living in our city, in the enjoyment of tolerable health, after having laid aside all sorts of medicines for upwards of fifteen years. One of them has the abdomen immensely large, and very hard to the touch; but she is free from pains, and has no discharge whatever from the vagina.

I am not ignorant that at its origin, the disease is of a difficult diagnosis; because it may be rendered obscure, to a certain degree, by pregnancy, suppression of the menses, tympanitis, dropsy, hydatids, congestion, &c. But with a little habit, prudence and time, it may be distinguished with considerable accuracy.

In the incipient state, women complain of uneasiness and pain in the region of the uterus; the menses are irregular and sometimes suppressed; they, however, may continue to exist for several years: the abdomen becomes larger, and hard in some parts; the general health is considerably impaired, and things go on increasing for a couple of years, till a perfect induration takes place, when the uneasiness and painful sensations cease, and the general health is in some measure restored.

These symptoms, nevertheless, do not uniformly occur in every case, and being common in other diseases of the uterus, it is sometimes difficult to discriminate between them. The post mortem appearances in the following case of morbid hypertrophy of the entire uterus, offers some resemblance, as regards the con-

stituent parts of the diseased structure, with what is very often found in the morbid alteration of the ovaria alone.

During my residence in Wilmington, Delaware, I met with a mulatto woman, already advanced in years, remarkable for the size of her abdomen, and her manner of walking. Being acquainted with her mistress, I desired to know the particulars of the case, and the woman herself obligingly told me that she had already been for thirty-two years in the state I then saw her, enjoying, nevertheless, good health in other respects, but always walking with difficulty, and sometimes falling, from an inability to maintain a proper equilibrium. She gave me the following history of her case.

"When twenty-two years of age," said she, "my menses were suppressed by a cold river bath, which I took when I had them on. Medical aid was procured, and the periodical flux was partially, but never perfectly restored. Three months after, having spent an entire night at a ball room, where I heated myself very much, I returned home sick, complaining of painful sensations in the abdomen, and thought I felt a ball in the left part of the lower pelvis. A surgeon, after having used a variety of means, without success, bled me in the foot, with no other effect than to transfer the ball suddenly, from the left side to the right, where it has remained ever since. Continuing to grow worse, my master, being alarmed, sent for several eminent physicians, who were unable to relieve my sufferings, and even to bring back the menses. From that time, I was obliged to remain in bed for a whole year, lying on my back, and suffering constantly, both in the uterus and abdomen. It was during this space of time that I swelled as you now see me, and my size has continued, without the least increase or decrease, so far as I have been able to discover." She assured me, besides, that she never had a child; and added, "I have been sick but four times during the entire period that has elapsed since my recovery, after the year of suffering that confined me to my bed." This woman died shortly after, of a strangulated hernia, and I was permitted to open her body in presence of four physicians, several pupils, and two gentlemen. She was of a small size, and rather emaciated.

Before the abdomen was opened, it measured forty-nine French inches in circumference, and thirty-eight from the pubis to the xiphoid cartilage. The skin was full of varicose veins. After having made a crucial incision through the skin, which was thick and hard, and penetrated into the abdomen, a most fetid odour

escaped, and two quarts of sanguineous fluid were found in the hypochondriac regions, which we supposed to be the result of the accidental inflammation that caused the death of the patient. All the abdominal muscles were extremely thin; the epigastrium lacerated in different parts, and its vessels large and variscose. It was besides adherent throughout two-thirds of its extent to a considerable mass which we imagined to be the uterus. This we removed by an incision made through a part situated between the bladder and the rectum, supposed to be the neck of the organ; for as yet it was known to us merely by conjecture. Having by this step obtained a freer access to the internal parts, we next examined the viscera of the abdomen.

The liver was found in a natural state: the gall-bladder twice as large as usual; the spleen slightly engorged; the pancreas and kidneys sound; the urinary bladder small, thick and hard; the stomach, mesentery, and bowels healthy, except the ileum, which was for the most part gangrenous, being the seat of the disease that occasioned the death of the individual. To give a description of the cause of the gangrene, would extend the length of this paper far beyond the limits I intend to give it. It has besides no connection with the subject in view. I will only remark, that it is probable, if it had not been for the affection of that part of the intestinal tube, the woman might have lived many years more, and perhaps would never have been destroyed by the old disease.

After having terminated the inspection of the parts mentioned above, we returned to the mass put aside, to determine its nature with more precision. We found, as we had conjectured, that it was the uterus: it weighed forty-six pounds. Externally, it was of a whitish appearance, and seemed to be composed of a multiplicity of rounded masses, similar to the pancreas in structure. None of its constituent parts could be distinguished, except the two ovaria, and particularly the left. They were both fringed, flattened on the surface, as large as the fist, and presented absolutely the same consistence and structure as the uterus, which resembled somewhat a kind of sebaceous substance, of a yellow colour. Perhaps it will not be useless to notice, that the right side was more affected and altered than the left, and contained a species of white earthy matter, similar to that found in the joints of gouty persons.

It will be remembered, that after the bleeding in the foot, the ball, which at first occupied the left side of the pelvis, was sud-

denly dislodged and transferred to the right side! I am sorry, on account of that phenomenon, to have forgotten to ask the woman in which foot she was bled. Besides the appearances described, numerous small bodies were observed, which were at first supposed by the physicians present to be calculi, but on further examination, they proved to be small masses of bone, as hard as ivory.

Till then, although we had divided the uterus in more than three-fourths of its extent, we could not discover any cavity: it was found, at last, quite at the extremity of its fundus, between the ovaria, and appeared rather larger than it ought to have been in a woman who had never borne children. The glands of that cavity, known under the denomination of glandula neibotheii, resembled soft tallow diluted in a fluid not unlike a watery tincture of indigo. Their aggregate volume, much larger than in the natural state, formed about the twelfth part of the total mass. We did not find in the cavity any thing to lead to the supposition that the woman had borne children.

This case, worthy of notice, perhaps, on some accounts, though of very little practical importance, offers two curious phenomena: first, its complete development in the course of a single year; second, its state of quiescence for thirty-two years. The rapid enlargement of tumours, particularly of those called *lipoma*, I am aware, is not uncommon; and I had an opportunity of seeing one, sometime ago, which became so large in the course of two weeks, that one might have said properly it was growing *at sight*. It is, however, quite uncommon to meet with such a growth as that described above, taking place in so short a time. The annals of medical science, nevertheless, contain some cases of diseased ovaria, of rapid development, weighing from fifty to one hundred pounds, and in them have been found, not only the various substances mentioned in the present case, but also bones, teeth, hair, &c. which, according to Doctor Baillie, were not the produce of congestion. I think his assertion may be supported by many facts and strong arguments. As to the quiescent state of the tumour, during thirty-two years, without any apparent increase or diminution of size, I am inclined to think that the individual may have been deceived: and it is more probable that the tumour, without appearing to increase, did in reality do so, if not in bulk, at least in solidity.

It may be remarked, that, since the disease just described has no proper symptoms by which to distinguish it with precision,

and is, besides, in its nature, incurable, what necessity is there to mention it? I would reply, that as it is not in the power of the healing art always to cure, it is well that the physician should not promise and attempt to do more than the science is capable of accomplishing. It is well that he should know when to cure, when to relieve, and when only to confide in the powers of nature; for one of these three things will always be in his power, if he has qualified himself properly for the difficul tbut sublime task of a physician. Besides, it is well known, that the variety and great number of diseases that affect the uterus, very often baffle the skill of the most experienced physicians, in the discovery of their distinctive characters, and of course of their treatment. If so, why not confine ourselves, in such cases, more troublesome than dangerous, within the salutary bounds of prudence and *expectation*, instead of tormenting the patient with useless and disgusting medicines; and what is worse, resorting to operations generally fatal? *Quod ego vidi, et horesco referens.*

The annals of medicine are full of instances of females, who have lived to a very old age, with considerable affections of the ovaria, as the patient here reported did, although the whole uterus was diseased. Why then should we interfere with the proceedings of nature, when we are full of uncertainty?

These reflections, (not unbecoming, as I would feign hope,) emanating from an old practitioner, will, I trust, be found a sufficient apology for the introduction of this paper, written without the least pretension, but not without a hope that it may be in some degree profitable. In the meanwhile, let both the physician and the patient bear in mind this sentence of a Latin poet:—

Levius fit patientia quidquid corigere est nefas.

ARTICLE IV.

Case of enormous Tumour of the Ovarium containing Hydatids.

By John W. Greetham, M.D. of Baltimore.

On the 21st of March, 1835, I was requested to call and see Mrs. Brown, who was then, and had been for several months, labouring under a painful distension of the abdomen. I called on the same day, but previously to being introduced into the sick chamber, was informed by Mrs. Vickers, the person with whom she boarded, that the physicians who had seen her before pro-

nounced her to be pregnant, and that according to them she must now be advanced to her eighth month. I now saw Mrs. B. and upon inquiry, was informed by her that she suffered almost constantly with a severe pain in the right side and lower part of the abdomen; comprising the whole of the right lumbar and part of the umbilical, hypogastric and right iliac regions; that she slept very badly,—had head-aches, nausea, and frequently vomited in the morning; that she had had no menstrual discharge for five months, the period which had elapsed since she contracted a severe cold from riding on the top of a mail coach, on her way from Boston to this place. It was to this cold she attributed her disease; for, although she had occasionally suffered pain in the same place before this, yet she had had no swelling of the abdomen since she was a child, when she declared she had been affected in a manner precisely similar, and was then cured by drinking tea made of the nepeta cataria (cat mint). She further informed me that she had never menstruated regularly, or in as large quantities as other women; that she had been married nine years, had never had the least sign of a menstrual evacuation previous to her marriage, and that her husband had been in the habit, for several years, of beating and otherwise grossly maltreating her,—frequently kicking her in the abdomen and private parts. She further informed me that her sister, who was several years younger than herself, was affected in a similar manner.

She had, at the time I saw her, a slight fever, irritation of the stomach, and tenderness on pressing the part already described as the seat of pain; she could bear pressure on any other part of the abdomen without inconvenience. Her abdomen was swelled to about what it would be in the eighth month of pregnancy; it was perfectly tight, and I could perceive no irregularities in any part of it. Auscultation gave no signs of pregnancy, from which circumstance I concluded that if such were the case, the child must be dead, and would consequently soon be evacuated. I prescribed a solution of chlor. pot. ʒ i. bi. carb. sod. ʒ ii. aqua com. ʒ vi.—one table-spoonful to be taken every two hours until her fever abated. This medicine had the desired effect, viz. of diminishing the fever and lessening the irritation of her stomach. She was at this time in the habit of sitting up the greater part of the day, and even of coming down stairs for an hour or two at a time; but more than this she could not do without great fatigue. Percussion gave no sign of either water or air. I therefore concluded the tumour to be composed of some more

solid substance; but as she was averse to an examination per vagina, I declined giving an opinion at that time.

On the first of April, it became evident to me that she was not pregnant; for her breasts, which even when I first saw her, were not large, had decreased in size; her stomach was less irritable, and the headache had ceased entirely. But she still continued to have fever every night, and only occasionally slept well.

Several days now elapsed without my seeing her. When I did call, I found her feverish, not so strong, bowels costive, slight irregularity and pain in making water, accompanied by considerable nausea, and vomiting of a coffee coloured, slightly bitterish fluid. I accordingly prescribed the neutral mixture in order to quiet her stomach, and ordered that her bowels should be opened, at least once a day, by some mild cathartic. I called the next morning, and was much gratified with the operation of the medicines; she was much easier and felt better in every respect. Being pressed by Mrs. V. to say what I thought of the case, I gave it as my opinion that there was a disease of either the ovaria or uterus, I could not decide which, and that, to say the least of it, the result was very doubtful.

All the symptoms above enumerated occasionally returned, and were relieved by the same means, until about the first of May, when it was evident that the abdomen, already considerably increased in size since I first saw her, was rapidly distending; her legs and vulva had become œdematus, and all the symptoms were greatly aggravated; the fever was more considerable and of a hectic character. Very little urine passed, and that with much pain and difficulty, and the bowels were never open, except from an injection or cathartic. From the pain and swelling in the region of the bladder, I supposed that it must be distended by urine, and that the difficulty in passing it arose from an obstruction caused by the pressure of the tumour upon its neck; but upon passing the catheter I found that this was not the case, as there was not more than a gill passed; it was then evident that the fault was in the kidneys. I ordered that her bowels should be opened once a day with senna, when she could retain it on her stomach, and when otherwise, by an injection; also, to use occasionally the effervescing draught or neutral mixture to quiet her stomach. Her appetite was bad, and there were few things which she could retain on her stomach. Various diuretics and diaphoretics were likewise used, all of which acted kindly at first, but in a few days could either no longer be retained, or if

retained, had entirely lost the power of affecting her. At the time of passing the catheter I made an examination per vagina, which examination confirmed me in my previously expressed opinion; the os tincæ was unusually rigid, and the contour of the tumour was very perceptible.

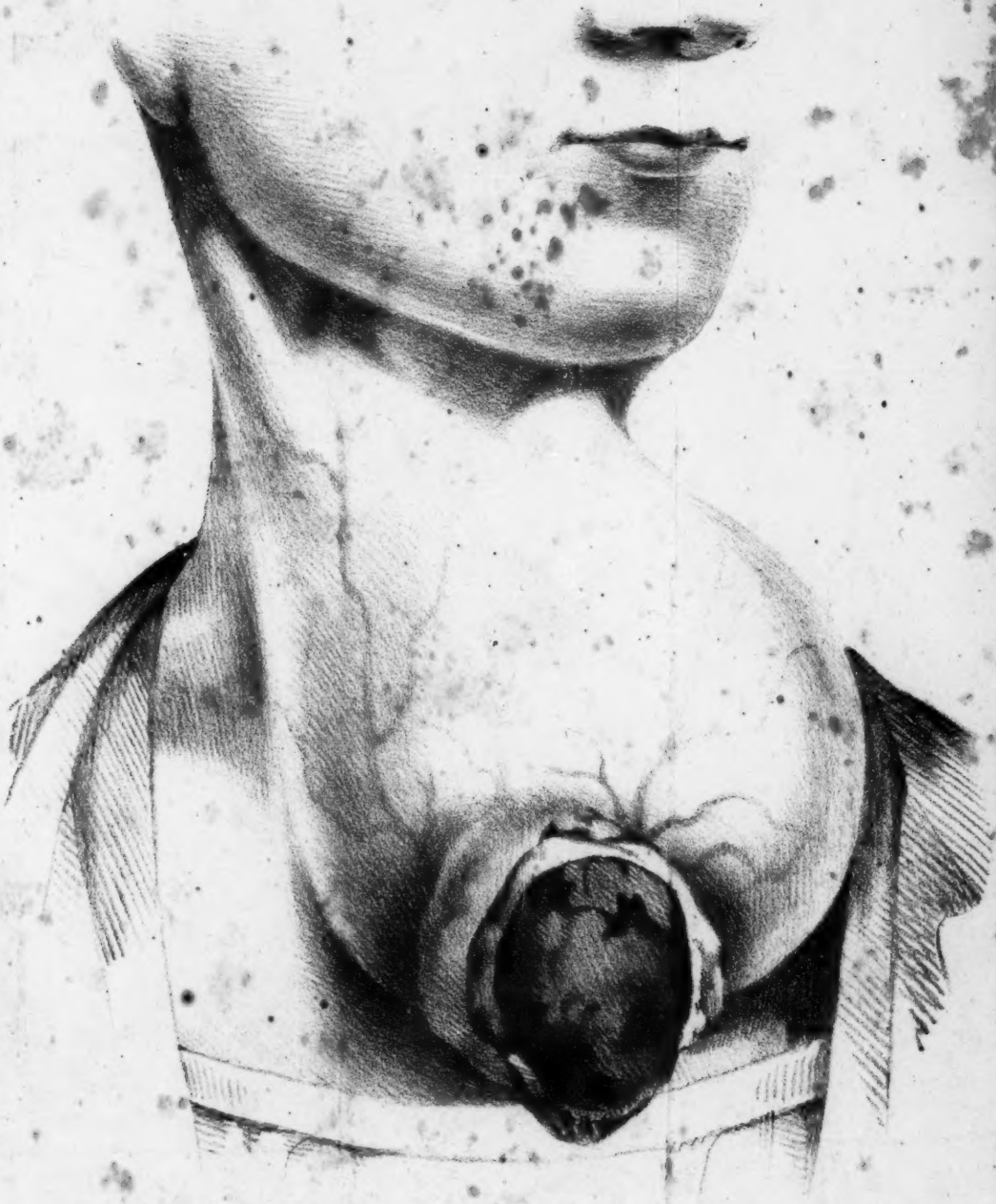
This brings the case to about the 20th May, at which time I called in my friend Dr. Riley, who, after an examination, perfectly coincided with me in my opinion that the case was a desperate one, and that all we could do was to smooth her way to the grave by gentle palliatives,—which practice was pursued by me until the 3rd of June, when I was informed by Mrs. V. that, at the instance of some of her friends, Mrs. B. had concluded to try the Thompsonians,—she and they being under the impression that I had mistaken the nature of her disease, and that, instead of its being an uterine or ovarian tumour, it was ascites, and that the Thompsonians could relieve her in a few weeks, as they promised to. Mrs. V. and some other of her friends opposed this resolution, but they were firm, and she was accordingly removed to a house in Liberty street, where she was treated by them, and I saw no more of her until after her death, which occurred on the 23d ultimo. I should observe, that during her illness, I had frequently proposed a consultation, but could never induce them to name a physician, and all I named were objected to, until I persuaded them to allow me to bring in Dr. Riley. I afterwards learned that Dr. Chatard, sen. and some others had seen her during the time the Thompsonians had her under treatment, and pronounced a similar opinion of her case to mine. I had been absent from the city for several days, and returned only on the morning of the 24th, when I was informed that she had died on the evening before, and I was requested to make a post mortem examination. I accordingly, at ten o'clock of the same morning, assisted by Dr. Wm. N. Baker, and in the presence of several physicians, opened her, when the following appearances presented themselves, viz. A tumour, as large as a half bushel measure, filled with hydatids, in size varying from a pea to that of an orange; some of them, being torn with the fingers or cut with the knife, poured out a bloody serum, intermixed with a mucopurulent matter; the uterus was partly imbedded in the tumour, but in a perfect state of integrity, although smaller than we usually find it in adults. Its neck was lengthened about an inch and a half or two inches, and the os tincæ was entirely impervious. The right fallopean tube, being cut in opening the uterus,

we were unable to trace it out; but the left was traced from the angle to the cellular substance covering the tumour, where it was lost; the tumour adhered with considerable force to the walls of the abdomen in front, and to the peritoneum throughout the rest of its extent, and was of so considerable a size, as to displace all the contents of the abdomen. The stomach and rest of the intestinal canal exhibited a slight blush of inflammation as far down as the rectum, several inches of which had entirely lost its character, having become thin, semi-transparent, and of a bluish colour; the kidneys exhibited marks of inflammation, and the renal capsules were more distinctly marked than in any kidneys I had before seen; they also contained a small quantity of pus;—the rest of the viscera exhibited no marks of disease.

Was the swelling which she spoke of having had in her childhood of the same nature? If so, was it cured, or only arrested in its progress by the nepeta cataria, and again excited into action by the maltreatment of her husband, and the cold contracted on the top of the stage, or both?

These are very interesting questions, but difficult of solution; for we have as yet no satisfactory explanation by which to account for the formation and growth of such tumours, and until such explanation is had, I must incline to the opinion, that there is in such women a predisposition to diseases of this nature, which is excited into action and developed by accident, ill treatment, or severe indisposition. In this particular case there evidently appears to have been a predisposition; for even if we except the abdominal swelling in her childhood, the fact of her never having properly menstruated, taken in conjunction with the fact of her sister being afflicted in a similar manner, leads us to infer that something was wrong with her genital organs, and that there was a family predisposition to such diseases. She besides received such ill treatment from her husband, as could scarcely fail to injure the parts, and thus cause the disease, already disposed to shew itself, to be developed. We also find her contracting a very severe cold, from which time the menstrual evacuation, never regular, is entirely arrested, the abdomen begins to enlarge, and the disease proceeds with fearful rapidity. A case is reported in Cooper's Surgical Dictionary, on the authority of Dr. D. L. Rogers, which likewise appears to have been excited into action by a cold, contracted on board a vessel, whilst on her passage from Ireland; this case, with some others which are quoted, were successfully operated on; but I cannot

Dr Isaac Boyce 805



Tumor of Thyroid Gland before Extirpation

Lith. of J. Pennington Balt.

suppose that this mode of proceeding could be resorted to with propriety, except in very few cases.

I have made this report of a very interesting case, simply with the view of drawing the attention of the faculty to the frequent occurrence of such and similar diseases, and with a hope that it may induce some older and abler pen to examine the subject more fully than it has hitherto been, and thus be the means of giving to the world some satisfactory explanation of the causes which induce it, and a mode of treatment which would be likely to benefit the sufferers.

ARTICLE V.

Extirpation of the Thyroid Gland. By N. R. Smith, M.D. Professor of Surgery in the University of Maryland.

On the ——— of ——— I was consulted in the case of Mrs. Wells, of Prince George's county, labouring under a formidable tumour of the neck, on account of which she had visited Baltimore. The origin of the disease was dated as far back as 1815. Mrs. W. was about forty years of age, the mother of several children; of spare habit and sickly aspect. She was able to be upon her feet for some part of each day, but was incapacitated for attending to her domestic concerns. Her residence had been for many years in a district of country in which diseases of malarious origin are common, and she had, in the course of her life, suffered attacks of intermittent and bilious fever. About one year previous to her becoming my patient, she had suffered a most violent attack of the latter, from which her recovery had been for some time doubtful.

The general aspect of the tumour, as it presented itself on my examination, is given with accuracy in the accompanying lithograph. The idea of its size and form cannot probably be rendered more perfect by any verbal description which I can give. It occupied the whole space between the os hyoides above, and the sternum below, and by its weight it had assumed something of a pendulous form, falling over the margin of the sternum. The general configuration of the tumour, in short, was that of common goître, and when the integuments were entire it presented the varicose veins usually conspicuous in that disease.

Some months before the case fell under my observation, the skin covering its most prominent and dependent point had ulcerated, and all the means which had been employed to effect the cicatrization of the sore, had failed. There had now issued from this breach of the integuments, a dark, fungous excrescence, represented in the drawing, and presenting a strong resemblance to the fungous hæmatoides. From this excrescence there issued a sanious and offensive discharge, and occasionally slight hemorrhage had occurred.

On carefully examining the relations of the tumour, (together with Professor Geddings, whose advice I requested,) we became satisfied that it was one of the thyroid gland, the right lobe of the organ being chiefly concerned. We could distinctly feel and see the sterno-hyoid and sterno-thyroid muscles passing like tense ribbands vertically over the tumour. The margins of the sterno-mastoid muscles, on each side, were raised and spread upon the sides of the tumour. More obscurely, the situations of the omo-hyoid muscles were also discerned.

The superior thyroid artery of the right side was distinctly felt and seen, descending superficially, in a tortuous course, obliquely upon the lateral and anterior portion of the tumour. The left thyroid artery could be obscurely felt. On handling the tumour for the purpose of determining its deep attachments, we could readily cause it to glide beneath the muscles of the neck and upon the trachea and larynx; but owing to its magnitude, it was impossible to determine the nature of all its relations with the deeply seated parts on which it rested. We satisfactorily ascertained, however, that the great vessels of the neck were not involved in, or adherent to, the tumour.

On carefully weighing all the circumstances of the case, it was manifest that there was no rational ground for hope that any course of palliative treatment would arrest the progress of the disease, or effect the cicatrization of the ulcer. The propriety of attempting the complete extirpation of the tumour was now considered. We arrived at the conclusion that the operation would be attended with extreme difficulty, and great peril to the patient, but, as a dernier resort, we regarded it as justifiable in case the individual and her friend, on being made acquainted with the circumstances of the case, should desire the attempt to be made. In a few hours I was informed that our patient had firmly resolved to place herself wholly in our hands, and cheerfully to incur the hazard of any course we might see fit to pursue.

On the —— of —— I performed the operation, with the assistance of Professor Geddings, Dr. Whitridge, Dr. Thomas, of Elk Ridge, and several medical pupils. I commenced the operation by making, in the integuments, an elliptical incision, the length of which corresponded with that of the neck. Its central and broadest portion included the ulcerated and fungous portion of the tumour. I then commenced my dissection around the body of the tumour on the right side, it being my design to expose and secure as quickly as possible the thyroid artery. This I soon effected, though in consequence of its exceedingly tortuous course, I wounded it and secured it at more than one point.

I now proceeded to raise the border of the sterno-mastoid muscle, and lay it back from the tumour. In doing this I encountered (that which does not usually exist) the anterior jugular vein, the vessel being somewhat withdrawn from its close proximity to the border of the sterno-mastoid muscle by the fascia involving it, which was tensely drawn over the anterior part of the tumour. As the muscle was retracted with some force, such tension of the parts was necessarily produced, as compressed the vein, and emptied it of its blood. The wounding of the vessel, under these circumstances, was therefore scarcely to be avoided. Blood soon flowed freely from the wounded vessel, its flow being hurried by the struggling, and deep, strong breathing of the patient. I was perfectly aware of the great danger of the inhalation of air into the vein, and the fatal consequences which might be expected to result from its reaching the heart in any considerable quantity. I, therefore, while making efforts to secure the vessel with the ligature, was careful to grasp the border of the sterno-mastoid muscle, including the lower portion of the vein, with the finger and thumb. The vessel was secured with the armed needle; but notwithstanding my utmost care, I twice distinctly heard the gurgitation of a small bubble of air, as it entered the vein, at the moment of a strong and deep inspiration of the patient. For a moment I desisted from the use of the knife, and looked in the face of my patient to observe the effects of the ingress of air into the veins. Happily the quantity was not sufficient to produce any obvious effect, and I proceeded with the operation.

Having now passed through the strata of blood-vessels which pertains to the muscles and to the border of the thyroid gland, I proceeded in my dissection with much greater facility. On

the left side I effected it with much more ease than on the right; but here also, on the division of one of the thyroid veins, I distinctly heard the gurgitation of air. To guard against its repetition during the remainder of the operation, I was careful, whenever I divided any fascicules which might be supposed to contain veins, to grasp it firmly with the finger and thumb below the incision, and if blood flowed from the upper portion, to secure the lower with the ligature. I should have remarked that I found it necessary to divide the tendon of the omo-hyoid muscle on each side.

As I progressed with the dissection of the tumour from the deep-seated parts, I found it necessary to proceed with extreme caution. The sheath of the great vessels on each side lay in immediate contact with the tumour, and, indeed was to some extent incorporated with it. I also found that the fascia covering the thyroid and cricoid cartilages was thickened, and adherent to the tumour. Its separation from these connections was the most tedious and difficult part of the operation. The separation of the tumour from the parts immediately above the border of the sternum, where I was prepared to expect great difficulty and danger, was effected with infinitely more ease than I had anticipated. The vessels in this region appeared, by the traction of the tumour, to have been elongated, and to some extent obliterated. The thyroid artery, particularly on the right side, presented the appearance of a long, loose, hard cord, pulsated but feebly, and was secured without any difficulty, being drawn out with the tumour. On the left side I secured nothing but branches. The veins of this region were neither numerous nor large, they having no doubt been diminished by the pressure of the parts upon the sternum.

At length I succeeded in effecting the complete removal of the tumour. There was now left a frightful chasm in the throat, the larynx being dissected quite bare, especially on the right side, and the trachea exposed as low as the border of the sternum. The great vessels on each side were also seen throbbing in their sheaths. The recurrent laryngeal nerve was distinctly seen on the right. The last point from which I detached the tumour was a portion of the thickened tissue covering the thyroid cartilage, and its attachment here was very firm. When I had severed it, two or three minute arteries sprung, one of which I immediately secured; but as the hemorrhage then appeared to cease, I did not take up the others.

The operation was necessarily painful and protracted, its execution occupying an hour; the patient, however, endured her sufferings with wonderful fortitude, and at no time did there take place any alarming sinking of the powers of life. Twice or thrice, at her desire, I had delayed a few minutes to allow her a moment of comparative repose, but neither then, nor after the operation, did there appear to have been inflicted any serious shock.

I now directed the administration of tinct. opii. gtt. L. closed the wound with the interrupted suture and adhesive strips, and placed my patient in bed, leaving her in a more comfortable state than could have been expected. She swallowed liquids without difficulty; her voice was but little altered, and her breathing not difficult. I found her doing equally well in the evening.

In the morning, on visiting Mrs. Wells, I was alarmed at finding the dressings bathed in blood which was still flowing from the wound, and evidently of the arterial hue. I immediately cut the stitches, opened the wound, turned out a mass of coagulated blood, and found the bleeding to have occurred from a minute artery seated where the last attachment of the tumour had been cut away. I secured the vessel with the ligature, and as there was a disposition to hemorrhage from minute vessels, I applied to the part a small compress of lint dusted with alum powder.

I should here remark, that on opening the wound for the purpose of arresting the hemorrhage, I found it to a considerable extent united by the first intention. By this bleeding, and by the irritation resulting from the coagula and the opening of the wound, my patient was much prostrated. She complained of a sense of extreme faintness, suffered much from urgent thirst, and once or twice vomited. These unpleasant symptoms soon, however, disappeared, and again the case presented a favourable aspect. There remained but little pain in the wound;—she swallowed with effort, but yet without great difficulty;—there occurred an occasional paroxysm of coughing; but it was not distressing;—her stomach received food kindly, and her bowels responded. Indeed, for the four subsequent days, I had every reason to expect a favourable termination of the case.

On the fifth day, however, there occurred a severe rigor, followed by fever, sonorous and embarrassed breathing, cough, and irritability of the stomach. It passed off with a sweating stage,

precisely as a paroxysm of intermittent fever. The wound, which had suppurated kindly, now began to exhibit a flabby appearance, and to discharge an unhealthy secretion.

It is not necessary that I should relate the subsequent progress of the case; suffice it to say, that the rigors recurred every day, notwithstanding our endeavours to parry them, and that the patient expired on the 13th day. The chills were evidently of malarious origin, and my patient undoubtedly came to me predisposed to intermittent fever. To this, in part, I think I may with propriety ascribe the fatal result.

From the brief account which I have given of the steps of the operation, it is manifest that the large arteries which are thought to present the most important difficulties in the operation, are by no means so much to be dreaded, as has been believed. It also appears, so far as a single case goes, that the ingress of air into the veins is the source of greatest danger during the operation, as I believe it to be in all operations upon the throat. This, however, is the third instance in which I have witnessed the introduction of a small quantity of air into the veins without an immediately fatal result.

I should remark that I now have the tumour preserved, and an examination of it clearly shews that the entire gland was removed. Professor Geddings, on examining it after its removal, pronounced the diseased gland to be entire.

It is rare that a case occurs which will justify the attempt to remove the thyroid gland; but the above case appears to me to warrant the belief that it may be undertaken with hope of success. Instances in which the operation has been successfully accomplished are, no doubt, fresh in the mind of the reader.

ARTICLE VI.

Remarks on Malignant Cholera. By Richard Sexton, M.D. of Baltimore.

Although many volumes have been written of late years on the subject of malignant cholera, yet, investigations relative to its nature and treatment are certainly still appropriate. We would, therefore, essay to condense a few practical remarks and inferences, suggested from observation of this epidemic during its existence in the city of Baltimore in the years 1832 and 1834.

In the former year, the cholera made its first attacks in North America. Whether or not to the world in general a 'nova pestis,' with the European race on this continent the malady certainly bore that extraordinary character. Its progress, in previous years, westwardly through Europe, had been observed with anxiety by the inhabitants of the United States; but as long as the broad bosom of the Atlantic separated us from the theatre of the pestilence, a hope of immunity was reasonably entertained by those best acquainted with the history of its mysterious movements. However, the irruption of the epidemic at Quebec and Montreal in June, 1832, disclosed the alarming truth, that what had been acted to the terrour of foreign nations was about to be repeated in our own country.

Progressing southward and westward, the disease broke forth in Baltimore at the beginning of August, and realized, in some degree, the apprehensions of danger which had been previously conceived. The deaths were not proportionably so numerous as some other American cities were doomed to exhibit, but the destruction of life was sufficiently great to impress on the minds of all the gloomy certainty of imminent individual peril. The disorder existed three months. In the western states it raged a second time, in 1833, proving at certain places excessively malignant; but it did not appear east of the mountains, except sporadically, and in that manner only to a small amount of cases. Here, however, the population, far and wide, breathed an air inquinated with matter, causing irritability of the alimentary canal, as was demonstrated by the frequency of diarrhea and colic, and the increase of sufferers with dyspepsia. In the first part of the summer of 1834, an irruption of cholera occurred almost simultaneously in several of the seaports and inland towns of the United States, and in the cities of Canada. At Baltimore a few cases were observed from July to October, in which latter month they increased in number to an epidemic, but did not occur so frequently as to generate much alarm among the citizens. The Board of Health reported only about seventy deaths. Cold weather has heretofore exerted sovereign power over the pestilence, in the United States,—of which assertion its sudden cessation in Baltimore, at the middle of November, 1834, offers a fine exemplification. On the 16th day of that month a vicissitude in weather occurred, accompanied with a slight fall of snow, and a temperature below freezing. Attacks had been numerous daily up to this period, but in three or four days there-

after, although revisited by the ordinary autumnal mildness, a new case could not be found in any part of the city.

During each visitation to the city of Baltimore, malignant cholera was observed under two forms:—

1st. In its proper type;

2d. Mingled with the endemial fevers.

In its first form the disease verified the description given by authors of its most malignant development. There were recognized the characteristic watery discharges, the peculiar and most remarkable cold stage, the distinctive spasm, and that intractability when subjected to remedial restraint, which has rendered the disorder an object of dread throughout the world.

The second, or modified form, was a frequent type of cholera, in both seasons of its prevalence. This pestilence appears to possess a propensity for blending itself with other epidemic affections, though its disposition thus to amalgamate has received but very slight notice,—and those instances in which it has been observed complicated with a fever of a known type, have been adduced by authors, with the view of proving, that the disease is in essence but a fever of a malignant character.

There is, however, an original form of cholera, which is marked with but little of the nature of fever. Authors have accurately pictured three stages, the premonition, the cold stage, and the reaction,—of which the first and second have rarely, if ever, been considered as caused or accompanied by inflammation of tissue. But in the last stage the phenomena have varied in different portions of the world. In India the original form of the disease is the prevailing one; and in this type the reaction is simple, not being coexistent with any inflammatory or febrile symptoms. To confirm this statement, numerous authorities at once occur to the medical reader; but none offers such a mass of testimony on the point, as the "Report of the Madras Medical Board,"* in which are given the individual histories of cholera, drawn up in different years by sixty-five physicians and surgeons, but eight of whom mention any disorder consecutive to the reaction. In Europe and the United States the reaction is almost always a stage attended with inflammation and congestion; although, perhaps in most of the places in these countries where cholera has raged, cases are not wanting where there was as much freedom from fever and inflammation as is customary in India. The well

* See Medico Chirurgical Review for April, 1832.

authenticated variation in the appearance of the advanced stage in different regions, does not insinuate, as some would suppose, a diversity of cause, but only offers another illustration of the ascertained fact, that, under similar causes, the sthenic constitution of the inhabitant of the temperate zone is more disposed to inflammation than the system of him relaxed by the sultry breezes of the tropic. Independent of the change in type resulting from difference of climate and constitution, cholera has at certain places clothed itself with vestments peculiar to those localities. These are instances where it has blended itself with another epidemic of simultaneous existence. The following condensed quotation from Searle bears on this point.* "At Warsaw, in Poland, a milder species of cholera was exceedingly prevalent in August, during which month fever and dysentery are annually extremely common. The attack commenced with languor; a coated, or an unusually clean, smooth and red tongue; lips pallid, or of a leaden hue; and the digestive organs generally impaired in their functions. Bowels at first constipated, a state succeeded in general by relaxation; and this terminating not unfrequently in bloody, muco-purulent evacuations, or, in other words, in dysentery. In this condition, change of weather, improper diet, or exposure, develops the purging or vomiting, cramps, lividity, cold skin and feeble pulse of cholera; a state which, if relieved, is almost invariably succeeded by fever of an intermitting or remitting type." This extract relates an example of a curious combination of cholera with fever and dysentery. The recognition of the fact, that the malignant malady, from difference of constitution and climate, varies considerably in its symptoms, and that it will mingle with other epidemics, renders manifest one important practical truth, that no principle in treatment nor class of remedies, can be of universal application.

The following concise description will represent those examples which came under my notice, where cholera was evidently modified by the fevers endemic to this State. In one variety of cases, the discharges at the onset were copious, and of the same appearance as in the original form of the disease; but without extreme loss of serum, a cold stage commenced, in which the patient complained of chilliness, as in the same condition in intermittent fever. Reaction of a febrile character followed speedily, and the discharges became coloured with bile. Successive chill and reaction, which, however, never equalled a

* Bell and Condie, p. 69.

violent fever, often prolonged these cases through several days; whilst the stomach and bowels continued irritable, and the dejections watery throughout. A second variety of these cases was distinguished by the vomiting and purging of fluid of a blackish or greenish hue, from almost the commencement of the sickness, with a pulse for some days full and frequent, indicating a continued, though a moderate fever. Associated with these symptoms, were cramps and sunken features, by which the presence of the malignant epidemic was unerringly recognized. Another class of these amalgamated affections, in which cholera was predominant, broke forth with copious serous evacuations, and a chill at the same time, and after the person was almost exhausted, reaction occurred in the form of a fever, with great congestion in organs, a brown tongue, and other indications of typhus.

The mingling of malignant cholera with miasmatic fever might be argued *a priori* to constitute a hybrid inevitably fatal. Experience, however, will probably establish such an argument as a sophism. A fever with bilious evacuations appears to counteract the destructive nature of the pestilence. Searle, as quoted before, describes its commingling with fever and dysentery at Warsaw, as productive of a milder species of the Indian epidemic.

The autumnal fevers at Baltimore, in the years 1832 and 1834, were associated with a few of the symptoms of cholera, and cure was in general more readily effected than in ordinary years. This statement does not apply to the city alone, in which malaric disorders are neither abundant nor fatal; but in those localities in the country where, under the fervid summer of Maryland, a miasm is always matured of sufficient strength to engender numerous and violent fevers, the population was favoured with its annual endemic, combined with a laxity of the bowels and an emetic disposition of the stomach; which symptoms, resulting from the universal inquination of the air with the cholera cause, had the effect of lessening fatality in the fever. In cholera, the prominent seat of disorder is the mucous tissue of the alimentary canal, which, either by secretion or by percolation, effectuates the discharge of the serous juices of the body. The first tangible location of fever being in the same tissue, no surprise need be expressed that one disease should exercise some influence over the other. Observation is to decide whether this reciprocal power is constantly exerted to the amelioration of both disorders.

Every physician, who is called upon to treat cholera, has as

yet to mourn its unmanageable nature, after progressing to the second and third stages. The commencing diarrhea and vomiting, existing without coolness of the extremities of the body, is the only condition which includes the probability of cure. Cases were, however, occasionally found at Baltimore, which, in the advanced stages, were brought convalescent by the use of means simply cordial in their effects. If no agency was thus afforded in curing the disease, no impediment was offered to the sanative powers of the constitution. Judging from various accounts, similar success has frequently resulted at other places by a treatment equally mild. The following case may be related as an example of the ease with which, at times, an attack of apparently the most malignant character may be overcome.

A healthy female was seized with vomiting and purging in the night. When first seen by the physician in the morning, there was no pulse at the wrist, and the other symptoms were those marking the advanced state of the cold stage. A tea-spoonful of the tinct. guaiac. ammoniat. was poured down the throat every fifteen minutes. Under this cordial the pulse gradually returned, and the same remedy was continued at longer and longer intervals. No other medicine was administered, except a small quantity of the pil. hydrarg. and the patient was able in three or four days to attend to a laborious avocation. In this instance the third stage was not accompanied with any signs of inflammation or congestion, but seemed merely a state of debility.

Other cases could be narrated in which a favourable termination followed the use of tinct. guaiac. ammoniat. spiritus camphoræ, and ether. sulphuricus, given in small doses. These persons were first visited in the cold stage. No other instance came within my knowledge, of a recovery equally rapid as that related above, from this treatment, or indeed from any other. Under this unobtrusive management patients frequently lingered five or eight days, before death or convalescence occurred. I can by no means recommend so negative a treatment, but I think some instruction can be gleaned from at least the delay of death, which occasionally results through its use. The physician may learn to be more patient in advising for the advanced forms of cholera, and not invariably to fear a speedy dissolution, merely because the extremities of the sufferer are cold, and the warm current of life does not flow at the wrist with its accustomed force. On the first appearance of this disease in a place, there is a natural tendency to invoke the aid of a heroic treat-

ment. The symptoms seem to demand instant relief, while the known malignancy of the disorder alarms both physicians and friends. But experience, I am convinced, will always reveal, that much friction of the limbs of the patient, moving him to and fro on the bed, frequent enemata, repeated sinapisms, and immense doses of remedies, will, directly or indirectly, add to the strength of a virulence, which a more judicious treatment could have overthrown.

Bloodletting, calomel, and opium, coming highly recommended from abroad, were received in open arms by the physicians of this city. Venesection afforded results highly satisfactory. The first and last stages appeared to be the most proper seasons for drawing blood. Although the abstraction of a few ounces of the patient's dark, glutinous blood would, in the cold stage, frequently relieve the distressing cramps, yet, in those cases from which blood was then taken away, I do not recollect to have seen much permanent advantage plainly exhibited. One instance came within my knowledge, where a patient, after moderate bleeding in the cold stage, directly and rapidly sank. Kirk relates a case,* in which the loss of six ounces was immediately followed by complete collapse and death.

The English physicians and surgeons are the chief advocates for the use of calomel in the disorder, and they have administered it very extensively in their own isle and in India. On the continent of Europe this therapeutic agent does not appear to be popular as a remedy for the epidemic.

On this point one thing is certain, that if a practitioner, led away by the peans sung to the remedy by some authors, should administer it in cholera, under the pleasing expectation of its proving a specific, his hopes thus sown will scarcely yield else than a harvest of disappointment. I would refer to the numerous instances in Baltimore, where from one to three hundred grains of the protochloride were thrown into the patient, and after having produced ptyalism, the best evidence of a constitutional subjugation by the medicine, the termination of the cases was nevertheless in death. Roupell, in his Croonian lectures, informs us that the constitutional action of mercury is no antidote, even when obtained before the occurrence of the cold stage. One weighty objection to the administration of calomel is formed by its cathartic power. The chief ends to be desired in the treatment

* Practical Observations, p. 65.

of the pestilence are, to arrest the discharges and to change their nature. At Baltimore, the latter object was most readily obtained by effecting the former for a period of twelve or eighteen hours. Unpleasant symptoms never followed the sudden restraint of the evacuations, except where miasmatic fever was blended; on the contrary, the circumstance was, in most instances, the premise of a favourable prognosis, or the immediate harbinger of recovery. If, then, the maintenance of a great quiet in the bowels of the patient be a desirable object, every substance of a cathartic action must of course be contra-indicated. If we allow cholera closely to resemble a hemorrhage, as many are of opinion, then analogy forbids catharsis: for no judicious physician would use an errhine in epistaxis, or an emetic in a vomiting of blood.

With regard to opium, Bell and Condie write thus: "No remedy has been proposed in the treatment of cholera, which has so great a mass of testimony in its favour.' In this city, opium proved of undoubted benefit, or of indisputable injury, according to the condition of the disease when administered. During the premonitory diarrhœa, the use of opium was safe and efficacious. In the cold stage, however, the exhibition of the article in narcotic doses was decidedly disadvantageous to the patient. The truth is, if a case in the cold stage received five or six grains of opium, death, who, at this period, always stands by in expectation, was never disappointed of his object. One cause of the injurious consequences of the remedy is, without doubt, its power of determining the blood to the brain. This vital fluid, being deficient of tenuity, can circulate but sluggishly, and the consequent engorgement with thickened blood, of so lax a tissue as the brain, must necessarily be irremediable.

To sum up the detail of the treatment, most successful in my hands, the amount is thus. The first stage at Baltimore was commonly in the form of a diarrhœa, of from twelve hours to several days' continuance; but, sometimes, in the form of a copious vomiting and purging, or an ordinary cholera morbus, of from two to twelve or more hours in duration. Opium, astringents, wet and dry heat to the skin, and venesection, seemed appropriate in this condition. Kino, catechu, or nut-galls, in infusion, made useful astringent injections: but one fact relative to their use became apparent, which was, that the large intestine sometimes became insensible to astringency; and under such a circumstance, the bulk of any enema, only excited additional peristaltic action. Calomel and opium was the ordinary combination used through

the city for this stage: of which prescription, I have only to remark that, if calomel be at all given, a large dose at once answers any good effects obtainable from mercury, while it proves no more purgative than a smaller quantity. Calomel was indisputably useful whenever fever was blended with cholera; for such cases bore catharsis, in proportion to the amount of the febrile ingredient. When the patient complained of a dull pain and sensation of weight in the intestines, venesection, as likewise local abstraction of blood proved particularly serviceable. Infusions of pimento, ginger, and other spices, checked many diarrhœas. A recumbent posture was an important item in every treatment. Drunkenness has long been noted for its rendering the body altogether incapable of withstanding an attack of cholera; and in twelve cases of habitual drunkards for whom I prescribed, —and some applied early in the diarrhœa,—not one was saved: whereas of those, whose constitutions were not injured through the abuse of spirits, scarcely one in twenty or thirty died, if proper ministration was afforded in the first stage.

Near the termination of the epidemic in 1832, and in some cases in 1834, I used for the premonitory diarrhœa, a pill composed of one part opium, and three or four parts of the blue mass; and out of eighteen cases alarming diarrhœa, and about thirty cases of a milder type, in which this combination was the prominent remedy, but one arrived at the cold stage. So very favourable a result was, no doubt, partly owing to the caution and temperance of the patients: still, the prescription is most valuable for the premonitory laxness. The blue mass stands recommended by high authority, as a remedy for the disorders of the digestive organs; and in cholera, offers any remedial power in mercury, without exerting much cathartic action.

The cold stage commences with a coolness of the hands and feet. The first cases in 1832, were almost all unvisited by a physician until arrived at this stage; for the public generally, and even the medical men, could scarcely credit the reality, that so fatal a pestilence should be disguised under the mild form of a diarrhœa. The chief object was now to check the discharges; for, if they were not suppressed, or much restrained, death was inevitable. But therein lay the difficulty. The means apparently the most successful were astringents, cordials, and stimulating applications to the skin.

Of the beneficial effects of cordials in cholera, there cannot exist a doubt. The fame of camphor has been sounded over the

whole globe. Guaiacum, serpentaria, and other vegetable substances of the same stimulant and diaphoretic properties, have been administered with marked advantage. These articles are best given in a small dose, and frequently repeated, for two reasons: one is, that they thus more certainly lie on the irritable stomach; the other, that the disease can not be cured by stimulation; consequently, the hope of forcing the patient into convalescence, by large doses of these, or other stimulants, must be abandoned.

The injurious effects of opium in soporific quantities, administered in the cold stage, have already been mentioned. In a few cases, a very small dose of denarcotised laudanum, given twice or thrice in this stage, evidently lessened intestinal irritability, without causing to the patient any injury that could be detected.

The stage of reaction exhibited a partial or complete return of warmth; succeeded, in some cases, by a febrile state, abounding with many unusual symptoms, the rationale of which is very obscure: and, in other instances, by a condition fluctuating between heat and cold, fever and diarrhœa. The secretions of bile and urine now recommenced. When the watery ejections were perpetuated into this stage, the means useful in the last were still imperiously demanded. There occurred cases in which the bowels became locked for days; where an enema, always to be prescribed first, for fear of too free evacuations, would have scarcely any effect, and where an active purgative would operate but imperfectly with, however, great relief to the patient. These cases have heretofore been rare in Baltimore; on the contrary, if the bowels became quiescent, they were to be disturbed with great caution. I have seen recoveries take place when no interference was offered for several days to a costive condition; and I have likewise witnessed hypercatharsis and death in those who had given confirmative signs of convalescence, by the exhibition of cathartics, with the view of relieving real or supposed gastro-enteritis. When cholera, in this stage as well as in others, appeared in the insignia of malaric fever, then cathartics became less dangerous, and frequently very salutary.

The sphincter ani is liable to become weakened, or completely paralyzed. In this condition, Dr. Clanny, of Sunderland, recommends plugging the rectum with a greased thick wax candle: which plan is said by Kirk, to fulfil its intention. I have not practised the scheme, but have used, for the support of the anus and rectum, a T bandage, with a compress against the anus. In

one case I thought much benefit resulted from bandaging the whole abdomen; the discharges decreased, and the patient expressed a feeling of comfort through the relaxed intestines.

The acetate of lead was used in 1834, by many practitioners of this city. It was exhibited, in all stages where the bowels were loose, in doses of from five to twenty grains. After the patient took the substance, the dejections changed to a dark blue colour. This article would sometimes promptly arrest the diarrhœa; but again, it frequently failed, even in the first stage, after being administered to the amount of a drachm. The remedy certainly deserves further trial. The diet of the patient must be very strictly overseen. Very little practice in the epidemic will disclose, that the stomach, previous to, and during, an attack, is almost entirely destitute of functional power. Hence, far more caution is requisite in directing the diet of persons under cholera than those under fever. The maranta is a substance which will occur to every practitioner's mind as very suitable for the case, since, if it should not digest, its mucilaginous nature would render it medicinally soothing to the intestinal mucous membrane.

It will be perceived that the foregoing remarks include a treatment, destitute to a great degree, of the characteristics of heroism. After the partial or sole management of about 250 cases, in the various stages and combinations, for relieving which a great variety of practice was pursued, I have concluded that a calm and patient system of management is preferable to any which may keep the patient excited, may make repeated and large draughts on his nervous energy, or which may attempt to vanquish by some bold stroke, the probable consequence of which will be rather to conquer the patient than the stubborn malady.

Is malignant cholera atmospheric or contagious? I would not desire to occupy these valuable pages with the discussion of a question which, every medical library bears testimony, has been copiously argued in many a bulky volume. I wish merely to record an individual opinion. The facts brought forward by disputants on the contagiousness of the disease, exhibit great incongruity in their nature. When one party decide that cholera is propagated solely by atmospheric constitution, an abundance of strong facts is readily ushered forward to render its decision apparently judicious; and if another party declare the malady to be contagious, every unprejudiced person must admit that the conclusion is correctly deduced from several occurrences, known as indisputable in medical and in political history.

What better order can be made to arise out of this chaos of strong fact than simply this: that the disorder owes both origin and perpetuation to atmospheric constitution or miasm, but that effluvia from the diseased body is one cause of its extension?

We need not allude to other diseases which are believed, by some authors, to be propagated under similar principles, only with the view to remind of the fact: for that scarlatina, rubeola, and pertussis, receive extension through both ærial miasm and personal contagion, is an opinion defended by several noted medical writers. Malignant cholera should be classed under the same head, as in all probability, should be likewise arranged, the whole of those awful pestilences which, in different ages, have overrun nations and continents.

The greatest difficulty against admitting this opinion, is in its philosophy. Thus: Does nature require two such active agents to propagate a disease, when either would be amply sufficient to effect her object? Can the personal contagion be the same in substance as the atmospheric miasm? And it must be so, or how can dissimilar first causes produce the same disease? These are rational inquiries; but they are those of speculation: to answer which, are brought forward the opposing facts. The observation of actual occurrences constitutes the only mean by which the truths of nature can be determined by mankind. Therefore, it is more proper first to seek for facts, and then to permit a natural conclusion to flow from their tenor, rather than to embrace an opinion deduced from partial circumstances, or from speculative views, and, afterwards, to endeavour to force all the premises to bow down to the support of such a conclusion.

SELECTED PAPERS.

ARTICLE I.

Experiments to discover the presence of Urea in the Blood after the extirpation of the Kidneys. By L. GMELIN and F. TIEDEMANN, conjointly with E. MITSCHERLICH.

(Translated from the German for this Journal.)

THE well known experiments of Prevost and Dumas* have so important a bearing on the subject of secretion, that notwithstanding the confirmatory investigations of Vauquelin and Ségalas,† we have thought proper to resume the inquiry.

On the 14th January, 1832, a 11 o'clock in the morning, we extirpated the right kidney of a healthy pointer, by making a longitudinal incision through the skin and muscles in the lumbar region, by which the gland was exposed surrounded by its capsule. The blood-vessels and ureter were then laid bare, and included in ligatures, after which the organ was removed. When the ligatures were drawn the animal yelled with pain. The edges of the wound were finally closed by suture.

On the day succeeding the operation, the dog was allowed milk and water, of which he partook freely. Up to twelve o'clock on the succeeding day, he passed neither urine or fæces, but in the course of the evening both were freely voided. The wound suppurated but slightly, and the healing process advanced so rapidly, that by the fourteenth day it was completely cicatrized. He continued to take food and drink, voided both urine and fæces, and was as well as before the operation.

On the 11th of February, at 11 o'clock, we proceeded to extirpate the left kidney, the thermometer of Celsius, placed in the mouth of the animal, indicating a temperature of 38°. When the gland was exposed by a longitudinal incision, it was found very vascular, and was one third larger than the right, which had been previously removed. This was evidently owing to its exalted activity, and the consequent increase of nutrition. At two o'clock, P. M. the dog was found laying on his side, and a mixture of milk and water, which had been placed before him, had not been touched. The action of the heart was accelerated;

* Journal de Physique, tome 95, p. 212; also, Annales de Chimie et de Physique, vol. 23, p. 90.

† Magendie Journal de Physiologie, tome 2, p. 354.

the nose was warm and dry, and the thermometer placed in the mouth stood at 38½°. In the course of the night he vomited some bilious matter and passed a greenish yellow coloured stool. He also took a portion of the milk and water which had been placed before him.

Feb. 12. He was somewhat dejected, and vomited several times a watery fluid mixed with greenish brown coloured mucus, in which two joints of a tape worm were discovered: he also had an evacuation by stool of thin, greenish coloured matter. The nose was warm and moist; and occasionally he took a small quantity of milk and water.

The vomiting and difficulty of swallowing continued until the morning of the 13th: the animal was much dejected, heavy, and affected with frequent rigors. The heat of the body diminished; the pulsations of the heart became slow and feeble, the respiration irregular; and death took place about nine o'clock.

On opening the abdomen, the peretoneum was found inflamed, and containing a purulent fluid. The vessels of the stomach and intestines were gorged with blood, and the mucous membrane of the former organ exhibited evidences of inflammation, and within it was a mucous fluid tinged with bile. The liver was highly vascular, increased in size, and exceedingly fragile; the gall-bladder filled with dark-coloured bile; and the intestines contained in them fluid mixed with bile and mucus. The right side of the heart, especially the auricle and vena cava, contained dark red coloured coagulated blood; the lungs and spleen were healthy; but in the ventricles of the brain, more fluid than usual was found. The blood and other fluids were collected, in order to test them for the presence of urea.

The fluids were examined in the following order: 1, those ejected by vomiting; 2, the blood obtained from the large vessels after death, which amounted to about two ounces; 3, the bile; 4, the contents of the small intestines; and 5, the matter passed by stool.

All these materials were evaporated to dryness over a water-bath and diffused in hot water. This mixture was filtered,—the fluid thus obtained treated with acetate of lead, and again filtered. The fluid obtained by the second filtration was partly treated with the addition of carbonate of ammonia; partly by adding hydrosulphuret of lead.

When carbonate of ammonia was added to the matter ejected by vomiting, the blood and the bile, a precipitate was obtained. This was separated by filtering, evaporated to dryness, and treated with concentrated alcohol. The residue which was obtained by evaporating this alcoholic solution to dryness, was dissolved in a small quantity of water, and into this fluid, after filtering it to separate a few flocculi which were diffused through it, a small quantity of concentrated nitric acid was conveyed, guttatem, through a glass tube surrounded with ice, in order to obviate any elevation of temperature.

The fluids obtained from the small intestines, and the fæces passed by

stool, were freed from the hydrosulphuret of lead; then, after being filtered and evaporated, were treated with alcohol, water, and nitric acid, in the manner just mentioned.

The following were the results obtained: the fluid obtained from the blood, on the addition of a few drops of nitric acid, threw down a copious yellowish white crystalline precipitate, which in twenty-four hours amounted to one half the mixture. With a view to further investigation, this precipitate was collected on a filter, washed with cold water, and dried. One portion of it was submitted to heat in a platina ladle, by which it was converted, first, into a coal-like mass, and was afterwards dissipated, leaving scarcely any residue: another portion, mixed with liquor potassa, was submitted to a gentle heat, without developing any traces of ammonia. A third portion, greater in quantity, was mixed with water and carbonate of barytá, and the mixture decomposed by the addition of an excess of concentrated alcohol. The filtered solution, which did not become turbid on the addition of sulphuric acid, threw down, on spontaneous evaporation, long, colourless, needle-like crystals of urea, amounting to about two milligrammes. Their identity was proved by their solubility in water and alcohol, their volatilization by heat, and their precipitation by nitric, oxalic and tartaric acid.

The fluid obtained from the matter ejected by vomiting also afforded a precipitate, on the addition of nitric acid, which resembled the nitrate of urea, but was so small in quantity as to render it impossible to determine its character with certainty.

The fluid obtained from the bile only furnished a brownish coloured, flocculent precipitate, destitute of all traces of nitrate of urea; and that from the small intestines and the fæces, which was of a brownish colour, afforded a precipitate on the addition of nitric acid.

The result of these experiments demonstrates the presence of urea in the blood of the animal, and renders the existence of it in the fluids thrown up by vomiting probable; but on the other hand, no traces of it could be found in either the fæces or the bile. The reason why we obtained less urea from the blood than Prevost and Dumas, may be explained partly by the small size of the dog, in consequence of which only an inconsiderable quantity of blood was collected in the large vessels after death; and partly by the animal having survived only until the second day after the operation.* But the fact that urea was generated in the blood, and shortly after the interruption of the urinary secretion, is not without importance.

* Vauquelin and Ségalas detected no urea in the blood of a dog which died forty-eight hours after the extirpation of the kidneys; but in another one, which survived the operation sixty hours, its presence was discovered. They explain this difference by the circumstance that in the first, the fluid was evaporated over a water-bath, while in the second, it was accomplished in a vacuum by the agency of sulphuric acid. But inasmuch as an aqueous solution

Unsuccessful Experiments to discover the presence of Urea and Sugar of Milk in the Healthy Blood.

The foregoing experiments, confirmatory of those of Prevost and Dumas, are favourable to the hypothesis, that the secretory organs not only possess the faculty of forming new organic compounds from the elements of the blood, but likewise, that these exist already formed in various proportions in that fluid. The results however may be explained otherwise, if the improbable conjecture be admitted, that after the extirpation of the kidneys, the other secretory organs possess the faculty of taking on a vicarious office, in virtue of which they become able to secrete urea, a portion of which may be again introduced into the blood by absorption. If it can be shewn that urea, and most of the products which we are accustomed to regard as the result of the process of secretion are formed in the blood, the above hypothesis will appear the more probable; and it should be remarked, that the circumstance that some of these materials cannot be discovered, does not militate against the correctness of the inference, since it is probable, that in many cases, as happened in the experiments of Vauquelin and Ségalas relative to urea, those which exist in the blood sent to the secretory organs, are separated so fully and promptly, as to render it less easy to detect the very small quantity that would remain in the entire mass of blood; more especially, as it is more difficult to separate organic than inorganic matter. As, moreover, several substances are found in the blood, such as various salts, osmazome, caseum, cholesterine, tallow, oil, and sebic acid, which are considered products of secretion, it is reasonable to suppose that other materials of an important character which exist in the secretions, may also be found in that fluid. Under this impression the following experiments were instituted, with the object of detecting urea and sugar of milk in the healthy blood.

Our object was in the first place to determine the practicability of detecting a small quantity of urea previously mixed with the blood. With this view, a mixture of 50 grammes of ox blood, and 0.2 gramme of urea were evaporated to dryness, and treated as in the foregoing experiments, with acetate of lead and sulphuretted hydrogen. The watery solution obtained, which was colourless, threw down a considerable crystalline precipitate on the addition of nitric acid, and when oxalic acid was added, an equally copious granular precipitate was obtained: they could not, however, be positively identified as composed of nitrate and oxalate of urea. A mixture of blood and urea in the same proportions, evapo-

of urea is not so easily decomposed by a water-bath as is often supposed, and as it did not take place in any instance in which we employed that process, we think it more probable that in the case of the dog which died in forty-eight hours, the urea had not been generated in sufficient quantity in the blood to render its presence manifest.

rated to dryness, dissolved in boiling water, filtered and evaporated to dryness, the product thus dissolved in alcohol, filtered, and again evaporated, and the residue dissolved in a small quantity of water and filtered, afforded the same kind of precipitate on the addition of nitric and oxalic acid.

On the other hand, we evaporated a mixture of 50 grammes of ox blood and 0.5 gramme of sugar of milk to dryness, and washed the product with hot water as long as any thing was taken up. Acetate of lead threw down a turbid precipitate, and from the filtered fluid the lead was separated by the addition of sulphuretted hydrogen. The filtered fluid being evaporated to dryness, the residue was treated with alcohol until all its soluble parts were taken up, and a considerable quantity of sugar of milk was obtained, which existed in form of a white granular powder. We should remark, however, that when the mass obtained by evaporation is exposed so long to the atmosphere as to become moist on account of the acetates it contains, and is then dissolved in alcohol of the strength of 36° R. it will be completely dissolved, leaving no traces of sugar of milk,—an evidence that this material is soluble in alcohol in combination with the moisture which exists in the mass.

Having thus convinced ourselves that 2.500 parts of urea, and 1.100 parts of sugar of milk, can be detected in even a small quantity of blood, we were led to hope, that by using a greater quantity of the latter fluid, these materials might be discovered, even though they exist in a very small proportion. With this object the following experiment was instituted.

Ten pounds of fresh blood, obtained from a milch cow, were evaporated over a water bath, until the fluid was reduced to a dry powder. This was well washed with hot water, and the solution strained through linen and evaporated to dryness. The product was again treated with water, and its insoluble parts thrown down by adding acetate of lead. The filtered fluid was treated with carbonate of ammonia, again filtered and evaporated, dissolved in concentrated alcohol, evaporated, and submitted a second time to alcohol.

This alcoholic solution when evaporated, only furnished a combination of sebic acid and soda; and when the residue was dissolved in water and treated with nitric and oxalic acid, no precipitate of urea was thrown down, but the effect was merely to separate the sebic acid.

The solid product which remained after the separation of the alcohol from the two solutions, and which should have furnished sugar of milk had there been any present, contained especially muriate and acetate of soda. The solubility of both of them in water would render them capable of being so acted upon by the alcohol, as to prevent any sugar of milk which might exist from being precipitated. We therefore added dilute sulphuric acid, and evaporated the fluid from the precipitated sulphate of soda; but as the residue still contained salts of soda, it was repeatedly treated with water, alcohol, and sulphuric acid. The excess of the acid was then removed by baryta water, the excess of the latter

by carbonate of ammonia, after which the fluid was filtered, and evaporated to dryness. The product was merely a very small quantity of crystallizable animal matter, soluble in alcohol and water, which did not afford any traces of sugar of milk on the addition of nitric acid.

It may be inferred from these experiments, that the blood of the cow contains neither urea nor sugar of milk, or at least that they exist in such small quantity, that their presence is concealed by the great quantity of other materials.—*Tiedemann und Treviranus Zeitschrift für, Physiologie, bd. v. heft.* 1.

ARTICLE II.

Lecture on Hæmorrhoids. By Sir B. C. Brodie, Bart.

(Concluded from page 192.)

Hæmorrhoids—operation.—Different methods have been proposed for destroying hæmorrhoids by operation: some surgeons have practised and recommended that by excision, while others have preferred the removal of them by ligature; others speak of the ill consequences attendant on each of these modes of operating.

It appears to me that the question respecting the operation and the proper rule of treatment has been very distinctly and correctly laid by Sir Everard Home, in a paper on that subject, at the end of his work on Ulcers of the Legs. He states the matter thus:—That external piles which are covered by the skin ought not to be removed by ligature; if they are removed at all, it ought to be by excision. On the other hand, internal piles which are covered by the mucous membranes, ought, *for the most part*, to be removed by ligature. In short, the ligature is applicable generally in cases of internal piles, and excision to those which are external. The grounds of this distinction are as follow: The application of a ligature to external piles gives the patient extraordinary pain at the time, and afterwards excites much inflammation, swelling, and disturbance of the general system; whereas, if they be removed by excision, these ill consequences are avoided. After the excision of *external* piles, there can be no danger of hæmorrhage, because the parts are entirely within your reach, so that the bleeding vessels can be easily secured; and though some little inflammation may supervene on the operation, yet it is not sufficient to be of any real consequence. If, however, you remove large *internal* piles by excision, there may be copious and even dangerous hæmorrhage, since the parts which bleed are out of reach, above the sphincter muscle, where you cannot expose the cut surface, so as to be enabled to take up the bleeding vessel. On the other hand, the application of a ligature to internal piles in general causes but little pain, and only a slight degree of inflammation follows, for the mucous membrane has nothing like the sensibility of the skin, and does not resent an

injury in the same manner. With respect to internal piles, then, there is no objection to the use of the ligature, while there is the greatest objection to their simple excision. This is the doctrine which I was taught by Sir Everard Home in this hospital when I was a student. But I met with a copy of Mr. Cline's Lectures on Surgery, in which he stated that he removed internal piles by excision; and this observation was added—"a timid surgeon removes them by ligature." Knowing Mr. Cline to be a very cautious practitioner, I thought that in what he recommended there could be no kind of danger, and for some time, therefore, I was led to follow his suggestion. In the first one or two cases I found no inconvenience to arise from my altered practice; but then a case occurred in which the patient lost a great deal of blood; in another case, the hæmorrhage was so great that the patient nearly died; and then a third case occurred, in which also the patient lost an enormous quantity of blood—so much, that I now only wonder that he did not actually die. Since then I have never removed large internal piles except by ligature.

The removal of external piles is very seldom necessary: they are generally complicated with internal piles; and if you cure the former, the latter, which are a continuation of the same veins, will be cured also. However, there are cases in which it is right to remove external piles by incision. For example, where they are enlarged and inflamed, so that it will take a great deal of time to subdue the inflammation, and the patient is all the while suffering pain, he may be relieved at once by two or three snips of curved knife-edged scissors. Or if an abscess has formed in an external pile, which bursts, discharges, and closes at the orifice, then bursts and discharges again, it may be worth while to cut off the pile and the abscess with it.

The excision of external piles is easily accomplished by means of the scissors which I have just mentioned. You take hold of the pile with a double tenaculum, elevate it a little from the base, and then snip it off. If there be a little artery bleeding considerably, you take up the vessel as you would on any other cut surface.

I have said that internal piles are to be removed principally by ligature. You will observe I do not say they are *never* to be removed otherwise. The fact is, that when internal piles are small, it is not worth while to tie them; and they may under these circumstances be excised with perfect safety. Such a case as this will frequently occur:—a patient complains of symptoms of internal piles; he has always pain about the anus, and a discharge of mucus. You examine the parts, and find a pile, not larger than the end of your little finger, covered with the mucous membrane of the bowel, protruded, and, as it were, sticking in the orifice of the anus. You take hold of it with a double tenaculum, apply the scissors to the base, and no kind of inconvenience follows the operation. But whenever there are large internal piles, which protrude either constantly or occasionally, you ought not to venture to remove them except by ligature. In performing the operation by ligature, the

first thing is to get the piles well protruded. For this purpose, you may make the patient sit over a pan of hot water, which will relax the sphincter muscle, and at the same time cause the veins of the rectum to become filled with blood. If this be not sufficient, let the patient have a pint or two of warm water thrown up as an enema; and when that comes away, the piles will probably descend with it. The piles having been by these means brought properly into view, you may let the patient lean over a table, or lie on one side in bed, with his knees drawn up, the nates being held apart by an assistant. Each separate pile must be separately tied. If the pile be of a very small size, you may just take it up with a double tenaculum, draw it out, and tie a ligature round its base. But if the piles be of a large size, you should proceed in the following manner: have a large curved needle, armed with a strong double ligature; pass the needle, carrying the ligature after it, through the base of one of the piles, and then cut off the needle. The double ligature is now divided into two single ligatures, which are tied round the base of the pile, one on one side and the other on the other side, with a single knot. Treat all the piles in this manner; and as the ligatures are applied, let your assistant draw the several threads out of your way, holding them over the nates. When each of the piles is secured in this manner, (and there may be two, three, four, or five, to be thus treated), you then proceed to another step of the operation: cut off the convex portion of each pile, so as to make an opening into the cavity of the convoluted vein which forms it. Thus you take off the tension produced in the pile by the blood which it contains, and are enabled to draw the ligature tighter than before. It should be drawn as tight as possible. As the ligature is tighter, so there is less pain afterwards; so also the slough separates sooner, and the more expeditious is the cure. You have now only to complete the double knot upon each of the ligatures, and cut off the threads close to the knots, returning the piles, ligatures and all, into the rectum. It is a very simple operation; and except when the piles are in a state of inflammation, attended with but little suffering. You are to take care, in performing it, to keep all the ligatures clear of the external parts; for if they include any of the skin, the patient suffers a great deal of pain, and much inflammation will supervene. I generally give a pretty active dose of rhubarb the day before the operation, so that the bowels may be well emptied, and that the patient may afford to go for two or three days after the operation without having an evacuation.

It very seldom happens that inflammation or fever follows the use of the ligature, and the threads generally separate at the end of a week,—not that I look for their separation, for it is of no consequence whether they come away a day sooner or a day later. I never trouble my head about the ligatures after they have been once applied, but if you choose to look for them, this is the time at which you will find that they usually come away.

But the patient must now take measures to prevent a recurrence of the

disease. For this purpose, when there has been time for the sores left after the separation of the ligatures to have healed, I recommend him to take some lenitive electuary and sulphur every night, so as to keep the bowels gently open, and to use a lavement of cold water every morning.

I conceive that this is not only one of the most effectual, but one of the safest operations in surgery. I should think I must have performed, or seen it performed, between 200 and 300 times. I saw one patient who died after the operation, in consequence of diffuse inflammation of the cellular membrane running up on the outside the gut as high as the mesentery; but that was a patient whose constitution was broken down by long continued hemorrhage, and in whom any slight accident might have produced equally bad consequences. I saw another patient, who, a week after the operation, and having been quite well in the interval, had an attack of pain in the abdomen, and shivering attended with fever, and died. I was not allowed to examine the body after death. I could not make out at the time that the symptoms had any connection with the operation, nor do I believe that they had; but I mention the case because, as the body was not examined after death, I have no certain knowledge on the subject.

With the exception of these two cases, out of all the 200 or 300 patients whom I have known treated in this manner, I never knew any ill consequences to arise. I contend, then, that the operation is as safe as any operation can be expected to be. You are not to suppose that even the slightest operations in surgery are absolutely, in all cases, free from every particle of danger, any more than the slightest accident. I haave known two patients die after the extraction of a tooth, and I have known several die in consequence of venesection at the arm, or an accidental prick of a finger. The chance of danger from this operation at any rate is so trifling that you need not calculate upon it. If you were to calculate upon so small a chance as this, you would scarcely be able to do any thing in the common affairs of life.

Supposing a person has piles which come down when he walks, which are constantly teasing him in this way, and yet he cannot make up his mind to submit to an operation, or that there are any circumstances that lead you to think it better not to have recourse to it, still you may do something for his relief. There is a machine made for the purpose of supporting the bowel, and preventing the protrusion of the piles. It is sold under the name of a truss for the *prolapsus ani*, the makers of it confounding, as I have told you is often done even by surgeons, internal piles with prolapsus of the rectum. It is made with a spring which fits round the pelvis, and so far resembles a spring truss for a hernia; but at the back part, fixed at right angles to the circular spring, there is another spring which descends behind the sacrum, taking the course of that bone, and terminating below in a pad, which rests on the anus. The elasticity of the spring supports the pad, keeps it pressed against the anus, and prevents the protrusion of the internal piles.

[*Lond. Med. Gazette, March*, 1835.

REVIEW.

Admonere voluimus, non mordere.——
Sunt bona; sunt quædam mediocria, sunt mala plura.

Ueber den Zustand der Heilkunde und ueber die Volkskrankheiten in der Europäischen und Asiatischen Turkey; ein Beitrag zur Kultur, und Sittengeschichte von FRIEDR. WILHELM OPPENHEIM, Doctor der Medicine und Chirurgie, kaiserisch russischen Collegianassessor und Ritter, praktischen Arzte und Wundartze in Hamburg, pp. 143. Hamburg, 1833, bei Perthes und Besser.

State of Medical Science in Turkey, with observations on the Epidemic Diseases of that country. By FREDR. WILHELM OPPENHEIM, M.D. &c.

INHABITING a country endeared to us by all our classical associations, professing a religion entirely at variance with our own, and exhibiting, consequently, a state of society characterized by many striking peculiarities, the Turkish nation presents many traits which are peculiarly interesting to the philosophical inquirer. The state of society among its inhabitants, their progress in the march of civilization, their political history, their attainments in the arts and sciences,—all constitute subjects highly deserving serious consideration and reflection; and to the medical philosopher especially, it will be interesting to know something of their progress in the healing art, in order that he may be enabled to judge how far the science of medicine is influenced by the peculiarities of their religious, moral, and political systems. This information Dr. Oppenheim has attempted to communicate in the work before us, and having possessed ample opportunities of becoming informed on the subject, afforded by a sojourn of three years in the different provinces of European and Asiatic Turkey, he has collected together much interesting intelligence pertaining to the state of medical science in that country, some of which we shall endeavour to select for the edification of our readers.

The Hippocrates of Turkish medicine was an Arabian dervise, of the name of Lockman, who lived in the seventh century, and is said to have derived his appointment to the god-like office, from the great prophet himself. He had an understanding with that great man, that he should transmit to posterity no written record; but Arabic legends abound with the most glowing recitals of his success. He is represented to have been particularly skilled in pharmacy. Whenever a patient entered his office,

a box containing the medicine necessary to cure his disease, immediately opened itself to furnish the healing balm; and when walking through the fields, the flowers and plants revealed to him their medicinal properties.

Lockman led a wandering life, and was in the habit of proclaiming his miraculous cures in the high places, especially at Damascus and Mecca. He also instructed many of his brethren of the order in the mysteries of his calling, and from this source all the Mahomedan physicians of the present day derive their professional heritage. The science of these men, who are entirely uninstructed except in a knowledge of the virtues and medicinal application of a few plants, is truly ridiculous: their chief reliance in the cure of disease is on the mysteries of divination and astrology; and the principal aids called into requisition by them are the powers of necromancy, talismans, and cabalistic figures. In doubtful cases, all the evil spirits that human superstition has been able to imagine, to inspire children with the fear of death, are invoked: the patient is at one time exorcised as possessed by an evil spirit; at another as under the vengeance of God: long prayers are offered up, and the rosary is counted fifty times. Short extracts from the Koran are sewed up and swallowed by the patient, or these sentences are written upon a board, and afterwards washed off, the patient being required to drink the water used for that purpose.

Amulets are especially confided in by most of the inhabitants of the east,—Turks, Christians, and Jews, both as a means of protecting them against evil, and removing it when present. Few persons are to be found without them about their person. They generally consist of extracts from the Koran or Bible, or hieroglyphics, written upon small pieces of paper, which are folded of a triangular shape. These are sewed in a piece of cloth of the same figure, attached to a string, by which they are suspended from the neck, and in immediate contact with the body; or they are worn inside of the turban so as to be in contact with the head. They are used not only as a protection against disease, but also against ball and sword; and when they consist of a relic from the grave, &c. they are sometimes purchased at an enormous price. The following circumstance mentioned by Dr. Oppenheim, will shew the value attached to these imaginary safeguards against accident.

"After the catastrophe of Wehli-Bey at Monastir, a nusko (*amulet*) was found about his person, which he had purchased for the sum of 60,000 piastres, as a protection in war. The seliktar (sword-bearer) of the grand vizier had it newly consecrated by a dervise, appended it to his own person, and considered himself peculiarly fortunate in the possession of the prize. I remarked to him its failure to protect its former owner against the melancholy fate that had befallen him, as a circumstance calculated to inspire a doubt of its talismanic efficacy. 'Not in the least,' replied he; 'nothing short of the holy will of the sultan could transcend the power of this nusko, and only through him can any thing

happen to its owner.' In the battle-field, before the fire and ball of the enemy, and the dagger of the assassin, its virtues are infallible." p. 4.

The lover, also, resorts to these amulets as a substitute for the love-draught, and the suitor who is thwarted in the object of his affections, feels secure, after swallowing one of these baubles, of surmounting all the obstacles which oppose his wishes. They are also constantly used for the treatment of intermittent fevers, affections of the eye, and surgical diseases.

The evil-eye, the occhio cattivo of the Italians, is greatly feared by all classes of people in Turkey, who seek by amulets to protect themselves against its influence. They imagine that the evil-eye brings happiness instead of misfortune, if the sacred words "*Mash-Allah*" be written in bold characters upon the front of the house, where they can be seen by the evil genius. The horse carries his rider unharmed through the excited mob, if he has a small blue tassel suspended to the breast by a string. The anxious mother attaches similar amulets to the head and breast of her children, when she sends them out, in order that, if they should be menaced with danger, these symbols may attract the first glance of the stranger; but oftentimes she does not think this precaution sufficient, but spits in the face of her children, in order that they may elude the cupidity of those who are destitute of offspring, or the envy of less fortunate parents.

The Turkish physicians also believe implicitly in white and black, or lucky and unlucky days; cures or operations are never attempted on the latter. Tuesday is by them considered the most unlucky day of the week, and Friday the most propitious; because it was on this day that Mahomet, being pursued, effected his memorable flight from Mecca to Medina. Each individual is supposed, moreover, to have his particular black and white days allotted to him by the star of his destiny.

This extreme ignorance and absence of all instruction on the part of the Turkish physicians, together with their consequent want of skill, occasions the advice and assistance of foreigners, especially Europeans, whether physicians or not, to be sought after by all classes of inhabitants with great avidity. Even those who are totally ignorant of medical science, provided they be Europeans, or, as they are called, Franks, are thought to be skilled in the healing art. Whoever, therefore, appears in any part of the Turkish empire in European costume, if he only wear a hat instead of a turban, is *ea ipso*, regarded by the inhabitants as a physician, and is distinguished by the superlative appellation of *Hekim Baschi*. Whether he will or not, he must take upon himself the duties of his imputed profession, and hundreds crowd around him, presenting their arms that he may feel the pulse, in which single means of diagnosis, according to their notions, are centred the whole mysteries of the healing art. Others, content with their own diagnosis, and judging themselves of the proper indications, only appeal to him for the remedies; requiring

of him an emetic or cathartic; a medicine to generate or expel wind, &c. or only directions how it should be admininistered,—whether in sherbet, electuary, (*madjuhn,*) pill, (*happ,*) or drops, (*damla.*)

When the doors are thus thrown open to the cupidity of charlatans, the treatment of diseases must necessarily fall into the hands of the ignorant and uninstructed, who will not fail to turn the credulity of the people to their own profit. Even in the capital, where there are properly instructed physicians, as well foreigners as Greeks, who have received, in different parts of Europe, a proper scientific education, there are a number of strangers engaged in the practice of medicine, who, in their own country, followed very different pursuits. There are, besides, in the capital, as well as throughout the whole empire, immense numbers of all nations, ranks, and conditions,—Greeks, Jews, Armenians, the priesthood of all denominations, gypsies, barbers, and old women, who take on themselves the cure of diseases.

But in this degraded state of the medical profession, both the art and he who exercises it, are held in the highest estimation. The physician is considered as a kind of holy personage, and his title, "*Hekim,*" affords him certain protection against all political and religious persecution. This was strikingly exemplified during the last Russo-Turkish war, when it often happened, that the uplifted hand of the rude, fanatical, avaricious Turk, about to strike off the head or ears of his prisoner, was instantly arrested by the exclamation—"*Hekim,*" and the life of his victim was by this talismanic word, rescued from destruction.

While the different classes of medical practitioners in Turkey are nearly allied as regards their ignorance and rashness, they differ widely in their modes of practice, and their comparative standing in the estimation of the people. According to Dr. Oppenheim, the Franks stand the highest;—a pre-eminence which he thinks is not altogether attributable to their superior knowledge and skill, but which they owe in part to their political relations; the Turks being more disposed to place confidence in those who are subjects of another government, and who, consequently, can exercise no power over them, than in the Rahja, (native-born christians, subjects of the Porte,) whom they regard as their inferiors, and not to be trusted. They, besides, have a high opinion of the learning and judgment of the Franks; hence, *Alkely Frankestan* (the shrewdness of the country of the Franks) is a standing motto with them.

Amongst the number of quacks that infest the whole empire, there are some well-instructed physicians, but the number is comparatively small; and where the people are so incapable of discriminating between the ignorant pretender and the man of science, many must of course fall a prey to the cupidity and rashness of base charlatans. Dr. Oppenheim remarks, that among the surgeons of the Turkish army, he met with a Maltese, who had been a letter-carrier at Corfu; the master of the vessel of Ragusa, who had lost his ship, and many others of a similar character.

A brigadier of the Piedmontese army, who gave instructions in the French language in the families of the several consuls of Adrianople, desirous of becoming a physician at once, obtained from Dr. Oppenheim sixteen medical formulæ, and thus equipped, obtained the appointment of physician to the Aga of Jambul. At Smyrna, Dr. O. was called in consultation with a physician who had been a drum-major in Napoleon's army.

In cabalism and intrigue, this class is only surpassed by the Greek pseudo-doctors, with which the whole country literally swarms. They are divided into three classes: 1st, such as have pursued their studies for a short period in some part of Europe, especially in Italy; 2d, those who inherited their medical knowledge from their fathers; 3d, and finally, such persons as have served for some time in the capacity of assistant to some pseudo-doctor. Of all these, the most vain, ignorant, and rash pretenders are those who compose the first class. They are mostly Greeks from the Ionian Isles, of whom the Faculty of Pavia affirmed, "*examinamus asinum, et mittimus in Asiam.*" The elder of these are said to be staunch Brunonians, and rely chiefly upon Peruvian bark, camphor, and valerian; while the younger are followers of Rasori and Broussais, whose leading remedies are antimony, leeches, and venesection. Most of them obtain passports from some of the foreign powers, while absent in Europe, and assume the Frankish costume, in order that when they return, by putting themselves under the protection of the consuls, they may escape being considered subjects of the Porte.

The hereditary class of doctors,—the true Asclepiadæ, come mostly from the Sagor district, in the Paschalick of Janina, Lower Albania. The greater proportion of the inhabitants of this rude and uncultivated country, without any previous education, and with no other knowledge than that inherited by their birth, betake themselves to the practice of medicine, and issue forth in swarms over Albania, Macedonia, Rumelia, and the whole Turkish empire. They carry with them many pupils or assistants, who, in the course of a few years, become masters in their turn. These constitute the third class. Both these classes retain their national costume, and are guilty of the meanest and most degrading conduct in the practice of their art.

Of like consideration and character are the Jewish physicians, who generally keep apothecary shops or bazaars, in which they keep for sale, besides the ordinary medicines and cosmetics, soaps, oil of roses, and every variety of drugs and paints. The poorest of them, as well as the gypsies, sally forth with a knapsack on their backs, traversing the bazaars, yelling as they go the perpetual cry of "*ei Hekim,*" (Καλὸ ἰατρὸς.) They wander from place to place, feeling the pulse; then pronouncing the words "*bilirim senin hastalik,*" (I know thy disease;) they, for a couple of paras, (less than half a cent,) and without asking any ques-

tions, furnish the patient with a pill or a powder, which he swallows on the spot, while the physician re-adjusts his pack and goes his way.

But while the whole country is overrun by unprincipled charlatans such as these, there are some well educated, high-minded, and honourable physicians. Dr. Oppenheim gives the names of several such, of whom he speaks in very respectful terms. Several of them were graduates of the most respectable universities of Germany and Italy, and had enjoyed all the advantages of a profound medical education, under the most distinguished professors of those countries.

By no other means can the physician raise himself so high in the estimation of a Turk, as by forming a prompt diagnosis of all diseases, simply by feeling the pulse. He must not only determine by this the nature of the disease, but must know whether the patient has slept; whether he has eaten any thing, and what kind of food; whether his bowels have been open, &c. Every question the Turk has to answer is considered a task, and with every new interrogatory, his distrust of the physician is increased. He must likewise pronounce at his first visit, from feeling the pulse, at what minute death will take place, or if the patient will be relieved of his disease by a favourable crisis; and not only by the ignorant and vulgar, but even by the most respectable Turk, is the tact of the physician in pulse feeling regarded as the only criterion of his skill. Dr. Oppenheim mentions an instance corroborative of this declaration. After the close of the Russo-Turkish war, the governor of Adrianople, Halihsh Pascha, paid a visit to the Russian general, Paulin. There were two other physicians present besides himself. After they had been announced to the Pascha, he extended his arm to each of them and requested them to feel his pulse, then turning to the general, he announced that one of them was a better physician than the other,—a conclusion which he formed from the manner in which they felt the pulse, and immediately entered into a treaty with that individual, to engage him to enter his service.

Our author remarks, that it often happened to him, in presenting his passport to the officer of some of the pest lazaretto posts, that as soon as the officer had heard the words "*Hekim Baschi*," he ordered out all the guard, and would not permit him to pass, until he had felt all their pulses, and declared them to be in excellent health. The shrewd Greek physicians, however, sometimes employ other means than the pulse to obtain a knowledge of the condition of their patients. They elicit all necessary information from the nurse or attendants previous to the visit, and the credulous patient has so much confidence in his physician, that he gives him credit for divining from the pulse alone, what he had already learnt from a different source.

Having ascertained, by feeling the pulse, the nature of the disease, and the period of recovery, a Musselman immediately demands the remedy, and makes inquiry relative to its operation. When the medicine does not produce a crisis attended with a sensible evacuation, it

is esteemed of no value; and the Turks demand large doses, always preferring those articles which are administered in the fluid form (scherbet). To emetics they are averse, and they cannot be persuaded to submit to the employment of clysters. Nor will they observe any dietetic regulations, except during the month of May, when they undergo a course of *spring-physic.* At this period, they take cathartic medicines, and drink during three or four weeks the fresh expressed juice gramin. vel taraxici, &c. or milk, but above all, vipers' broth, which the Turkish physicians regard as the very best remedy for purifying the blood. These vipers exist in great abundance in the neighbourbood of Adrianople, whence great quantities are sent to Constantinople, and other parts of the empire. They are preserved in small boxes or vessels, from an aperture in which they are cautiously withdrawn when wanted. The head is then cut off, the skin removed, and the body cut into small fragments, to which a certain quantity of water is added. This is boiled down one-half, and from two to four pounds of this broth is drunk daily. At this season of the year, moreover, many Turks will submit to the operation of venesection, which at all other times they refuse, regarding it as improper or injurious.

Turkish Baths.—The best and most effectual of all external therapeutical applications with the people of the east, is the bath (*Hannan*). The long continued friction of the limbs, the flexions, extensions, stretchings, and kneadings, to which the individual is exposed in the bath, exercise a very beneficial influence on the system; and such is the address of those who conduct these bathing manipulations, (*Tellak,*) that with extreme rapidity, they luxate the limbs, as it were, and in an instant restore their proper relations. These baths are especially useful in chronic cutaneous eruptions, rheumatism, and gout.

The public baths, of which there are a great number in every town, are elegant buildings of free-stone, constructed in good taste, and surmounted by a cupola. They consist of numerous spacious apartments, handsomely flagged with fine marble, and are entered by a lofty and roomy hall, lighted from the roof, in the centre of which is a large marble basin of water, perpetually agitated by the jets of a refreshing fountain. Ranged around are lofty and roomy benches, furnished with matresses and ottomans. Here the bather undresses, binds a silken girdle around his loins, and is supplied with a pair of wooden sandals, preparatory to being conducted to the bath. He then passes to the first chamber, which is only moderately warm, and is designed to prepare the bather for the more elevated temperature of 30° R. of the inner apartment, which has a vaulted ceiling, and receives its light through the cupola. In the centre of the second chamber is a large quadrangular marble platform of considerable height, upon which the bather is stretched at full length, and has every part of his body thoroughly submitted to the kneading and extending process by the attendant. After

this operation is completed, he is conducted into an adjoining alcove, which also has a vaulted ceiling, and, besides, has its flagged marble floor warmed from beneath. Here the proper bathing process first commences. Warm water is conveyed by pipes in the wall into a large marble basin, and the bather is seated naked on the warm floor, while the attendant proceeds with a soft texture, composed of horse or camel hair, immersed from time to time in the warm water, and imbued with aromatic soap, to make frictions upon every part of the body, after which the process of ablution is completed, by effusions of warm water. The bather is then thoroughly dried, and enveloped in a cotton robe previously warmed, and returns to the spacious hall of entrance, where he reclines upon the benches for half an hour, sips his coffee or sherbet, whiffs his pipe, and then wends his way homeward. The expense of such a bath is so inconsiderable, that even the common Turks are enabled to enjoy the luxury—which they avail themselves of very frequently.

Separate bathing establishments for the two sexes are every where to be found. The female bath constitutes a kind of rendezvous for friends and acquaintances, and where new intimacies may be formed. Here the matron conveys her daughters to display their attractions to other mothers; and the future bridegroom, in this way, learns through his mother the charms of his betrothed bride. As the Turks are not exempt from those impulses which warm the youth of both sexes, the bath not unfrequently becomes a convenient place for the exercise of their prostitutions.

The members of the medical profession in Turkey receive a very inadequate compensation for their services. The Turk, while suffering from disease, is lavish in his promises, but performs but few of them when convalescent. He is seldom willing to pay more than the mere price of the medicines employed, and as most physicians dispense their own prescriptions, they take care to regulate the price of them accordingly. Should the patient die, the medical attendant need scarce expect any thing for his services, and if he recover, the obligation is immediately forgotten. This, however, is mostly the case with the native physicians only: the Franks are generally allowed a decent compensation. In many cases a stipulated sum is agreed upon beforehand, which is called "Ajakderesie," which is handed to the physician by one of the servants of the sick on his leaving the house. This is generally a half (*jirmilik*) or an entire mamudié, a gold coin of the value of from twenty to forty Turkish piastres, (from one and a half to three dollars;) out of this, however, the servant often retains a "bakschisch" (*drink money*) to the amount of a "barbut," (about four cents.) Should this fee not be paid at the first or second visit, the physician absents himself until it is forthcoming, and he is invited to repeat his visit. In many cases, nevertheless, the fee is not paid until the end of the cure. This is more particularly the custom in the harems.

In important cases, especially such as demand energetic treatment, or require a surgical operation, the physician enters into a contract with his patient, which is ratified before the cadi, and pledges himself to cure the disease within a stipulated time, for which he is to receive, when the treatment is terminated, the sum agreed upon. In these contracts, however, the Greek generally outwits the Turk; for instead of stipulating for the payment of his fee after a cure shall have been effected, he requires one-third or one-half in advance, well knowing that the case may terminate fatally, and that, in that event, he will be obliged to give an acquittance for the other half. The physician is most certain of his compensation when the contract is made in legal form, and he pays the cadi ten per cent. on the amount, which inclines him to favour his interests, except when the patient, by paying him more than the legal ten per cent. succeeds in changing the balance of the scales of justice.

The compensation for medical attendance is not always rendered in money, but sometimes in provisions, slaves, horses, arms, &c. Dr. Oppenheim cured the Aga of Adrianople of a severe attack of fever, which was followed by tedious convalescence. He inquired of the doctor when he had recovered, if he was a married man, and being informed in the negative, offered him, by way of compensation, two beautiful Greek female slaves. When informed that it was contrary to the laws of the army for an individual to carry a female with him, he offered a boy, and could not conceive it possible that his very generous proposal would be rejected, or that the doctor would not thank him for his liberality. In the town of Balukassar, in Asia Minor, Dr. O. had occasion to cure the Aga of a nasal polypus, who was very thankful, but declared he had no money. As a substitute for this, the doctor received his reward in a stallion, and two camels laden with cheese made of sheep and goat's milk.

When a surgical operation is to be performed, it is necessary to make a previous arrangement with the judge of the place, not so much with the view of securing the payment of the fee, as to obtain a security against outrage, a demand for blood-money, or even the vengeance of the relatives in the event of a fatal termination. In such cases, either the patient or one of his connections goes with the surgeon to the cadi, or in large towns, to the mufti, and obtains from him a *fetwa*, which in case of an unfortunate issue, screens him from blame, and secures to him the payment of his fee. The compensation for surgical operations is generally inconsiderable,—that for lithotomy being under ordinary circumstances not more than one or two hundred piastres; and if the case should terminate fatally, it is the common custom to pay only one-half. It happened to Dr. Oppenheim, on one occasion, to have the demand for blood-money made against him. After the engagement at Monastir, which happened on the 14th August, 1830, he amputated the limb of a deli, who died. Some time afterwards, he was sent by the grand vizier to Pristina, to visit the troops, when meeting with the cadi, that person-

age, after the customary compliments had been exchanged, demanded of him, "are you physician to the grand vizier? Did you operate on the deli Soliman-Agi—and is he not dead?" On receiving a reply in the affirmative, he continued: "here you behold his father, who demands of you blood-money: you have spilt his blood, and must make the proper expiation." The doctor, familiar with the customs of the people, was nothing intimidated, but replied sternly, that he would inform the pascha of the circumstance, which effectually put both the complainant and the cadi to rights.

When the physician is so unfortunate as to lose a patient of an internal disease, who occupies a high political or lucrative station, he runs the risk of paying the forfeit of his own life, since the relatives, indignant at being deprived by his death of their emoluments, not unfrequently seek to wreak their vengeance upon him. In other cases, they are easily reconciled by the belief, that the fates have so designed it, and as the deceased is transferred to Paradise, they do not regard death as a calamity.

As in case of the death of an officer of the state, the whole of his wealth is seized upon for the public treasury, the relatives of such persons not unfrequently endeavour to keep their death a secret, until they can secure as much of the spoils as possible, or until one of the relatives endeavours, through an agent at Constantinople, to bribe the Divan to endow him with the office of the deceased, and the possession of his treasure. A curious instance of this species of management was communicated to Dr. Oppenheim by the chief physician of the grand vizier. The father of the present pascha of Uskuf had been sick about six years, when the physician, beholding him in the last agonies of death, thought proper to apprize his son of his situation, who replied that he hoped that he might, by the will of God, be yet allowed to survive many years, and asked of the physician permission to have him removed into a retired wing of the seraglio, where no one was allowed to approach him but a few old and confidential domestics. He expired on the evening of the same day, and was secretly buried by his son under the floor of the apartment, who succeeded in concealing his death for the space of four years, during which time he carried on the duties of his father's official situation in the name of the deceased, which he affixed to all the public documents. In the meantime, physicians were brought from Constantinople, and all parts of the empire, to prescribe for the dead pascha, whom, however, they were not allowed to see, because of an alleged objection on his part, to be seen by a physician, or to take medicine. These professional visiters were always dismissed with handsome presents, and the son having, finally, by means of liberal bribes, succeeded in purchasing the favour of the court, promulgated the death of his father, and immediately obtained possession of his office, and retained all his wealth.

Before Dr. Oppenheim had become thoroughly acquainted with the

customs of the Turks, he informs us that he was a little disquieted by receiving a message from Abduraman, pascha of Kalkendehl, to visit some patients in his harem. He was received by the pascha with all the marks of distinction which the better order of Turks are in the habit of extending to the Frankish physicians when they stand in need of their services. After complimenting the doctor, and eulogising the wisdom of the Franks in general, he declared that his whole harem was sick, but that he was convinced the doctor would be able to restore his three wives to health. He was first conducted to a female, aged about twenty-four years, whom he found affected with a catarrhal fever, of which he predicted she would be well in a few days. The second patient was a female, of about twenty-one, affected with a scrofulous ophthalmia, and a chronic herpetic eruption. The prognosis was here more unfavourable, yet he did not despair of success. In the third harem, he found a female, aged about thirty, labouring under general dropsy, and besides in the last stage of pregnancy. An ineffectual attempt had been made three months before, as he afterwards learned, to produce abortion, by active emenagogue remedies, and she had besides been affected for a year with a badly managed intermittent fever. This circumstance created a suspicion of chronic visceral obstructions, which, however, could not be determined, as he was not allowed to examine the abdomen. Foreseeing that the death of the mother would probably follow the delivery of the child, the doctor was obliged to pronounce an unfavourable prognosis. It was also more than probable, that under the circumstances, the child would be still-born. All these conclusions were communicated to the pascha, whose only reply was: *Bakállom! Allah Kaerim! Insch Allah!*—which stereotype words mean: "We shall see! God is great! God be merciful!" "Give her," said he, "the best medicines you have—powerful medicines, and she will yet be well." The same reply was invariably made whenever the doctor made any communication to him relative to the patient, and as he manifested a warm interest in her fate, he required of Dr. Oppenheim to feel her pulse four times a day, and to communicate to him the result.

The melancholy day of the accouchment at length arrived; the patient, as had been predicted, was delivered of a dead child, and the doctor, being called two hours afterwards, found her in the agonies of death. The whole harem immediately resounded with the shrieks and lamentations of the female slaves, who tore their hair in the plenitude of their grief. Fearing the rage of the pascha, Dr. Oppenheim was anxious not to be the first bearer of the melancholy intelligence, and on arriving he found that it had already reached him, but was not a little astonished to perceive, that he who had all along manifested the greatest evidences of care and anxiety, was now perfectly tranquil and composed, and ready to greet his entrance with the salutation, "*Allah Kaerim!*" All the principal personages and officers who had heard of the death of the

first *Channim*, dropped in successively, each one on entering using the same words of condolence; "*She is dead, thou shalt live.*" Both mother and infant were buried before evening, and not the slightest alteration or derangement in the ordinary affairs of the household could be observed; but all conversed, took their meals, and pursued their ordinary avocations as usual; all had been anxiety for the condition of the patient during her illness, but now she was dead not a syllable was uttered. The same rule of conduct was observed at the harem, when on a subsequent visit the doctor found his two patients convalescent, and having already learned the established words of condolence,—"*She is dead, you shall live,*"—used them towards the two ladies, who seemed well pleased, and assured him that they now hoped to lead a more peaceable life than they had been able to do during the life of the deceased, who as senior dame had been very tyrannical and domineering towards them. Previous to taking his leave, he received from them, in testimony of their thanks and satisfaction, a robe which had been embroidered in the harem, and the Pascha dismissed him with many thanks, and despatched an escort of troops to accompany him to the frontier of his dominions.

The Turks believe that the soul cannot take leave of the body so long as the latter remains above ground; hence they hasten the burial immediately after death, and never defer it even until the next day. This precipitation must sometimes be attended with melancholy consequences; and the evil is the greater, as not only the Turks, but likewise the Jews, Greeks and Armenians follow the same practice in their burials. The body is enveloped in a pall, and put into the ground without coffin. The grave, about two feet deep, is first covered with boards, upon which the earth is heaped, so that a void space of nearly two feet is interposed between the body and the superincumbent sod.

There are no proper apothecary shops in Turkey, except in the large towns, nor would it be practicable to have them generally, as more than a half of the ordinary physicians are unable to write a prescription. Dr. Oppenheim remarks, that medicines are brought from Marseilles, Trieste, and Venice, in considerable quantity, and at Constantinople, Smyrna, and Salonica, can be obtained of a good quality. Those of the vegetable class are generally preferred; but as every one dispenses his own medicines, there is no regularity or system observed in the preparation, &c. Even where apothecary shops exist, they present a heterogeneous assemblage of boxes, bottles, &c. labelled in a kind of compound of Latin, Italian, and Greek; and with the Jewish physicians also in Hebrew. In the total absence of medical police, the sale of poisons is not prohibited, and accidental poisoning is by no means uncommon. The physician who keeps medicines for sale, often disposes of them without any careful regard to the article or the quantity; open boxes, flasks, &c. containing arsenic, salts and sugar, are arranged side by side, and not unfrequently medicines are weighed in scales which had been

used previously for weighing poisons, and containing enough of the article to destroy the life of the individual. Sometimes, moreover, serious mistakes are made in the quantity or quality of an article; but happily for the physician, when the patient is thereby thrown into frightful spasms and convulsions, the bystanders run immediately in pursuit of a Turkish iman or dervise, and the christian priest, under the impression that the individual is possessed of an evil spirit, and as they are uncertain whether the demon is Turkish or Greek, they adopt the safe precaution of exacting the exorcisms according to the rites of both the Mahommedan and Christian churches.

Still more commonly is poison administered intentionally, and some of the native born physicians do not hesitate to lend their hands to this horrible crime. According to the religious faith of many Turks, it is not considered a crime to poison an enemy, because you merely anticipate him in an act which he would perform against you on the first convenient opportunity: besides it is believed that if it is not designed by the fates that he shall die in this way, he will by some means elude the fatal operation of the poison. It is melancholy to reflect, that this practice is not confined to the Turkish physicians, who are influenced to the exercise of it by their faith, and that those who profess the Christian religion are likewise guilty of the crime of poisoning. It may indeed be regarded by a high-minded, honourable physician, as a misfortune to be employed in the service of a Turkish personage of consequence, since under such circumstances, he could not refuse to lend a hand in depatching an enemy, except at the risk of his personal safety. Of this Dr. Oppenheim had an exemplification in his own case.

On the occasion of a levee at court, when all the company had retired, the doctor received a sign from the grand vizier to remain. Coffee, pipes, and a chess board were brought, and he was ordered to be seated on the divan. The servants were then directed to withdraw, and "I found myself," says Dr. Oppenheim, "in a spacious hall, in the company of a man, who acknowledged nothing short of unconditional submission to his will, and at whose nod more than a hundred thousand heads had already fallen.

"We had made but a few moves on the board, when the vizier, fixing his eyes on me sternly, exclaimed, 'Hekim-Baschi, I have enemies; you can, and will assist me:' then motioning to me to withdraw, I was obliged to retire without making any reply. I left the house in haste and confusion, as I but too well understood the meaning of the grand vizier, and was fully sensible of my danger, and of the necessity of caution. Two Albanian princes, who were unwilling to trust the chief physician of the grand vizier, were under my care, and they were the persons it was expected I would put out of the way. I still hoped, however, through the avaricious Greek and Armenian banker and paymaster (*seraff*,) and the secretary (*grammatikas*,) to evade the vizier's designs, by means of

a handsome bribe. In this manner twelve days passed away. On the morning of the thirteenth, my servant, as usual on rising, brought in my pipe, and a small cup of black coloured coffee with sugar. The latter had a peculiar taste, and excited vomiting. I hastened to the apothecary, with the cup in my hand, who found about two drachms of corrosive sublimate still remaining in the bottom. I took an emetic, swallowed the whites of some eggs, and found myself well."

Satisfied of the source whence this attempt to take his life had emanated, Dr. Oppenheim obtained a passport (*berouldi*) from the grand vizier, and immediately quit the country.

Practice in the Harems.—"Like most other persons," observes Dr. Oppenheim, "I was particularly anxious to witness the beauty of the Circassian and Georgian females, who, in their early youth, are brought to Constantinople, sold as slaves, and distributed throughout the empire, either to serve in the harems, or to bear children for their masters. I was likewise desirous of having an opportunity to witness the policy and internal arrangement of these female colonies. Fortunately my wishes were soon gratified. The favourite wife of Kiaja Bey, agent of the governor of Adrianople, had been sick three days, and the pascha, who had great confidence in me, represented that if employed, I could immediately cure her. I was accordingly put under the guidance of a black eunuch, who conducted me to the harem, which was about a mile distant. We finally arrived at an outer gate, which, on being opened, conducted us into a garden and an airy pavillion, refreshed by a beautiful marble basin of water and a cooling cascade. Here I was treated with pipe and coffee, while my visit was announced. In about a quarter of an hour I was conducted through the garden to a second gate, which was opened by my guide, and I was transferred to the attention of a veiled female, who was overseer or turnkey of the harem. She conducted me through another garden to the proper department of the women, where there were a number of children, both white and black, to be seen peeping out from behind the blinds. The sick chamber was a very handsome apartment, hung with red, and furnished with closing blinds or curtains. Here I found the patient reposing near the divan, bolstered up by pillows and ottomans, and so completely enveloped from head to foot, in a long white robe, that it was impossible to discover any thing either of her age or condition. I was shewn to a seat on the divan near her head, and all the servants were required to withdraw, leaving, besides the patient and myself, only my interpreter, the two children of the patient,—the one aged four, the other five years, and the old female attendant. All the questions put to the patient were answered promptly and without affectation, through the veil which covered her; and when I desired to feel the pulse, two delicate white hands were thrust out. On desiring to examine the tongue, she raised the veil, and exposed to my view the countenance of a beautiful brunette, of about twenty years

of age. Like a snail, however, that has ventured its head beyond its shell, she quickly withdrew her countenance, and left me to retire from the chamber, and obtain from the old female attendant any further information I might desire. The latter conducted me back to the *selamlick*,—the anti-chamber of the master of the house, where I was again allowed to enjoy the refreshment of pipe and coffee. Quite pleased with this first visit to a Turkish harem, I was conducted back to Kiaga-Bey, to whose inquiries relative to his wife I was able to return favourable answers. On being questioned relative to her recovery, and the necessity of my paying her another visit, I replied that a second visit would not be necessary, and that if my directions were followed, she would be well in a few days. He intimated by a nod of his head his high satisfaction, and after I had been regaled with the customary honours of the pipe and coffee, he instructed his agent to reward me with a purse of five hundred piastres. My prognosis turned out correctly; the woman was well by the third day, and confidence in my skill was thereby elevated to the highest pitch."

Dr. Oppenheim gives further details of his practice in the harems, and mentions some cases where a cure was not so easily effected,—one at least, in which he thought it prudent to prescribe a sugar powder, and leave the patient to her fate.

"In the course of my sojourn in European and Asiatic Turkey, and in Africa, I had more than a hundred opportunities of visiting the harems, and am satisfied that a physician, who is acquainted with the language, and is conversant with the manners and etiquette of the country, may obtain access to them without much difficulty; especially to the younger and handsomer females, or to those harems which only contain one female. As a general rule, when objections are made to the removal of the veil, it conceals but few attractions. The young and beautiful, on the contrary, take great pleasure in unveiling. The jealousy of the men cannot prevent the visit of the physician, and should it influence him so far as to be present, the cunning of his wife will be the more certain to devise some means to deceive him. Under even the greatest austerity, where all visits are prohibited, she cannot be prevented from enjoying the purification of the bath under particular circumstances; and if she is disposed, she can feign sickness in the bath, and claim the attendance of a physician. I would not have it inferred from this, as some travellers have represented, that the bath is the common rendezvous for the consummation of love intrigues. At Constantinople and other large cities, where the field for *liasons* of this kind is greatest, departures from the path of virtue are as common as with us, but with this difference, that they are less public; while in small towns, and in the country, it is a rare thing for a woman to be guilty of a breach of good morals."

After a physician has visited a patient in the harem, it is his duty to despatch a servant to the house every morning, to inquire of the husband

about the health of the noble lady (*channem*) and how she slept. Proper inquiries are made after the physician in return; thanks and compliments are ordered to be conveyed to him; and at the same time a request is sent that he will repeat his visit at a specified hour, either on that day or the next. But when the wife is not sick, to inquire after her health, or to offer her any salutations, is the greatest offence that can be offered a Turk. These ceremonies are finally terminated by a present from the harem, of a silken robe, a pair of silk pantalettes, an embroidered girdle and pocket handkerchief, and a pair of knit stockings. The convalescent patient designs these as a testimonial of her gratitude to the physician for her cure; and the fee for attendance is afterwards paid by the husband.

We have selected these details almost literally from Dr. Oppenheim's work, partly with the view of shewing the state of medical science in Turkey, and partly with the object of presenting its relations with the state of society,—moral and religious, as well as political. The remainder of the work treats of the diseases which are most common in those countries, and of the various methods of treating them adopted by the physicians. This we shall be obliged to pass over for the present, as we have not space to notice any of the topics of which the author treats. We have given enough, however, to proclaim the melancholy state of degradation to which the healing art is reduced in Turkey; but it is consolatory to reflect, that even within the short period which has elapsed since the publication of Dr. Oppenheim's book, important steps have been taken, both by the Sultan, and the Pascha of Egypt, to correct the evil, and that medical schools have been regularly organized in those countries, the beneficial influence of which has been already very sensibly felt, and will go on multiplying, in proportion as the religious prejudices of the people can be overcome.

COLLECTANEA.

Apis vero ratio media est; quæ materiam ex floribus agri et horti elicit, sed tamen eam propria facultate vertit et digerit.—Nov. Org.

1. *Anatomical Cabinet of the University of Breslau.*—The following preparations contained in this valuable collection, deserve to be mentioned as being exceedingly rare and curious. No. 9,009, A kidney which, besides the usual supply of vessels, receives one from the middle sacral artery. 9,113, A diseased shoulder joint; the glenoid cavity and the head of the humerus having been destroyed in consequence of a spontaneous dislocation, a very remarkable artificial joint was formed. 9,287, Complete obliteration of one of the crural veins of a man, who had been affected with œdema of the leg of that side. 9,636, A portion of the femoral vein perforated by a branch of the arteria profunda femoris. 9,690, A portion of the median nerve perforated by a stout branch of the interosseal artery.

A. W. Otto Zwieter Nachtrag zu dem Verzeichnisse der Anat. Präparat. des Konig. Instit. zu Breslau, and Heckers Annalen, June, 1834.

2. *Perineoraphy.*—Suture of the perineum is undoubtedly one of the most important operations of modern surgery, and for its successful application in a great number of cases, the science is indebted to the ingenuity and talents of M. Roux. It has been recently performed with complete success in the following case, in addition to many others previously reported:

A healthy female, aged thirty-one, who had been married about two years and a half, sustained in the delivery of her first child, which took place eighteen months ago, a complete laceration of the fourchette, perineum, anus, and the inferior part of the recto-vaginal septum. All the inferior part of the pelvis was, consequently, converted into a kind of perpetual outlet,—a *cloacus* which was excessively fetid and horrid to look at, through which stercoracious gases and fecal matter passed away involuntarily day and night. In this condition, she entered the hospital la Charité, and was submitted to the following operation:

Having placed her on the table as in the operation for stone, the surgeon, with forceps, a bistoury and hook, dissected off both edges of the laceration, carefully removing all the irregular and pendent fragments and shreds from the two sides; by means of scissors, the bottom of the rent, as well as that portion of it which occupied the recto-vaginal septum, was treated in the same manner. Three points of suture were then passed profoundly, and a full inch from the edges of the wound, by means of long curved needles armed with strong double ligatures. The ends of the latter were then knotted over two pieces of bougie, according to the ordinary rules for making the quilled suture. Previously to drawing them, however, a small simple suture was introduced in the interval between each of the others, in order to render the coaptation of the edges of the wound more perfect. The patient was restricted to an

absolute diet, and no means were resorted to with the view of moving the bowels. The dressings were removed on the sixth day, when the re-union was found perfect. Dry dressings were afterwards applied, and the woman directed to rest on her side. On the tenth day the union was solid, but no evacuation had yet taken place from the bowels since the operation. It was now proposed to promote this by a cathartic enema, as the cicatrix was sufficiently solid to remove all fear of its giving way.

[*Bulletin general de Therapeutique Fevrier*, 1835.

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3. *Specific virtues of Radix Aristolochia rotunda in the treatment of intermittent fever.* By Dr. Biermann.—The great difficulty often experienced in arresting the progress of intermittent fever, and especially the liability of the disease to recur, render it desirable that every means calculated to diminish these embarrassments should be farily tried, and the results made public. The preparations of bark, thus far, stand unrivalled for their efficacy in this disease; yet they too often fail, and if a remedy can be found capable of effecting a cure in such cases, an important desideratum will be supplied. Dr. Biermann has experimented extensively with the aristolochia rotunda; and his success with it has been such as to give him high confidence in its remedial powers in intermittent fever. He recommends that it should be administered on the day of the fever, commencing three hours before the period at which it is expected the paroxysm will recur, and giving a dose every hour, so that the last shall be taken an hour before the accession. Should the disease assume an anticipating type, the first dose should be administered as soon as the patient feels the first indications of the approach of the paroxysm. In general, the dose should be increased progressively, but should be regulated by the constitution of the patient, and the violence and type of the disease. It succeeds most promptly in the quotidian form of fever, but in that form relapses are most apt to take place. Against this variety of the disease it may be given on the first day, in doses of a scruple, but should be increased on the two following days to half a drachm, or thirty-six grains. In tertians it was given in half drachm doses on the first day; was increased five grains on the day of the intermission, and in the same ratio on the following day of the paroxysm. In one case of quartian ague, the dose was augmented from half a drachm to a drachm on the first day of the fever; but as active vomiting was produced, it became necessary to reduce the quantity to two scruples. The author remarks, that the cold stage is greatly diminished in violence on the first day of the administration of the remedy, and does not continue generally, more than a quarter of an hour. The hot stage, however, is somewhat increased in intensity and duration, but is succeeded by a copious perspiration. Nearly the same phenomena are repeated in the two succeeding paroxysms, but after that the fever does not return, and the patient is secure against a relapse. This he thinks entitles the remedy to a preference over all others,—Peruvian bark and its preparations not excepted. In some instances vomiting followed about half an hour after the powder was administered. When this was troublesome, it was obviated by diminishing the dose. *Hufeland's Journal der Praktischen Heilkunde.*

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4. *Virtues of Coffee, from the Arabic of Sheik Abd-al-Kader Ansari Djezeri Haubali, son of Mohammed.*—O coffee! thou dispellest the cares of the great;

thou bringest back those who wander from the paths of knowledge. Coffee is the beverage of the people of God, and the cordial of his servants who thirst for wisdom. When coffee is infused into the bowl, it exhales the odour of musk, and is of the colour of ink. The truth is not known except to the wise, who drink it from the foaming coffee cup. God has deprived fools of coffee, who with invincible obstinacy condemn it as injurious. Coffee is our gold, and in the place of its libations we are in the enjoyment of the best and noblest society. Coffee is even as innocent a drink as the purest milk, from which it is only distinguished by its colour. Tarry with thy coffee in the place of its preparation, and the good God will hover over thee, and participate in his feast. There the graces of the saloon, the luxury of life, the society of friends, all furnish a picture of the abode of happiness. Every care vanishes when the cup-bearer presents thee the delicious chalice. It will circulate fleetly through thy veins, and will not rankle there: if thou doubtest this, contemplate the youth and beauty of those who drink it. Grief cannot exist where it grows: sorrow humbles itself in obedience before its powers. Coffee is the drink of God's people; in it is health. Let this be the answer to those who doubt its qualities. In it will we drown our adversities, and in its fire, consume our sorrows. Whoever has once seen the blissful chalice, will scorn the wine cup. Glorious drink! thy colour is the seal of purity, and reason proclaims it genuine. Drink with confidence, and regard not the prattle of fools, who condemn without foundation. *Hecker's Wissenschaftlichen Annalen der gesammt. Heilkunde, June,* 1834.

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5. *Radical cure of Varicocele.* By M. Breschet.—In a previous number of our Journal, first series, vol. 2, p. 247, we noticed a new method devised by M. Breschet, for the radical cure of cirsocele and varicocele, consisting of the temporary compression of the enlarged vein through the integuments, by means of a small instrument analogous to dissecting forceps, until sufficient inflammation is excited to effect the obliteration of the vessel. Recently, M. Breschet presented an individual to the Academy of Medicine, who had been affected with varicocele of such prodigious dimensions, that to use the expressions of M. B. *it seemed to form a barrier around the whole testicle.* By means of the forceps the resolution of this immense tumour was accomplished, constituting the sixtieth case in which a cure has been accomplished by this method of treatment. M. Breschet supposed at first, that the forceps proved successful by exciting adhesive inflammation, but subsequent observation has convinced him, that the compressed vessel is completely destroyed by mortification. This has induced him to make a modification in the form of his instrument, and the one that he now employs is analogous to the *enterotome* of M. Dupuytren.

M. Velpeau objected strenuously to the procedure in question, on the grounds of its difficulty, and the danger of its application. According to this surgeon, the occlusion of veins is far from being an innocent operation, and the danger is the same by whatever procedure it is accomplished. He contended that the operation of exposing the vein by an incision, and applying a ligature directly to it would be more simple; or if it should be objected to the incision of the skin, a needle armed with a ligature might be passed through it, and the vein, as recommended by M. Davats, so as to form a kind of twisted suture.

M. Breschet replied, that the danger which attends the obliteration of veins by other procedures, is well calculated to deter surgeons from performing this operation; but that there is a great difference between the accomplishment of this end by the ligature, incision and cauterization, and that by gradual compression, which produces mortification of the tissues, without extending the inflammation to a distance. He remarked that this was the manner in which he secured the obliteration of these vessels, and that thus far he had seen no bad consequences ensue.—*Journal de Médecine et de Chirurgie Pratique, Avril*, 1835.

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6. *Death of a female occasioned by the ignorance of an Accoucheur.*—A horrid event, which can scarcely be considered credible, is said to have happened recently to a young married female at Seclin. An *officier de santé* was called to deliver the subject of the case, who had arrived at the full term of utero-gestation. He made several attempts to turn the child, which presented by the arm, and finally succeeded as was thought very well, as the child was delivered alive. Called again by the parents of the patient at about three o'clock in the morning, on account of violent pain, he proceeded to extract the masses of coagulated blood which had collected in the uterus, and other substances, the nature of which could not be ascertained by the assistants. The woman nevertheless died about seven o'clock, suffering excruciating torment. On the examination of the body, it was found that the uterus had been ruptured, and that the mass which had been extracted with the coagula, was a portion of the intestines, which the operator had severed with his finger nails! *Journ. des Connaissances Medicales, Feb.* 1835.

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7. *Urtication as a remedial agent.* By Dr. Pittschaft.—The celebrated Hufeland made the remark, that the practice of stinging with nettles had been very improperly laid aside. He represents it as being a valuable remedy in chronic rheumatism and paralysis. It was long since extolled by Celsus in this disease, (L. 3. cap. 27.) and by Aretæus in lethargy (*curat. acut.* L. 1. cap. 2.) Hippocrates advised the skin to be rubbed with nettles to prevent the hair from falling (*de morb. mulieb.* L. 2.) and Spiritus has recommended urtication to be employed for the purpose of restoring repelled exanthematous eruptions. Baglivi observes, (*op. om. p.* 104.) *ex Scabie retropulsa, si asthma fiat, urticis cædenda cutis;* and Camerarius recommends urtication as a means of distinguishing between real and apparent death. In the latter, he represents that it will bring out an eruption. We are also told by Petronius, that it was employed by the ancients to excite the venereal passions; and it is remarked by Pliny (*Hist. nat.* L. 22. cap. 13.) *uvas in ore, procidentesque vulvas, et infantium sedes tactu resilire cogit,—lethargicos expergisci, tactis cruribus, magisque fronte.* And again, *si quadrupes foetum non admittat, urtica naturam fricandam monstrant. Hufeland's Journal der Praktischen Heilkunde, April*, 1834.

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8. *Method of obtaining the separation of a necrosed sequestrum without an operation.*—It is stated by Dr. Bouget, that as early as 1814, Professor Delpech, having been disappointed in the treatment of some cases of necrosis, resorted to the plan of dissolving the calcarious matter of the bone by the application of sulphuric acid, in order to soften its texture sufficiently to

render it susceptible of being cut with a knife or cutting forceps. A young man whose arm had been amputated, experienced two very severe attacks of hospital gangrene, which occasioned the end of the bone to project an inch and a half beyond the stump. Months probably would have been consumed in the separation of this sequestrum; but this delay Professor Delpech effectually obviated. He had the external surface of the denuded bone covered with a pledget of lint dipped in a solution of diluted sulphuric acid. A ball of charpie, wet with the same fluid, was likewise introduced into the medullary canal, the reticulated texture of which had been previously broken down. In twenty-four hours the portion of bone was found sufficiently softened to admit of its being separated with ease, and in ten days the end of it was covered with healthy granulations, after which a cure was speedily accomplished.

In 1816, an individual presented himself at the Clinique at Montpellier, affected with a necrosis involving nearly the whole extent of the tibia. Although he was possessed of a good constitution, and was in a condition to undergo a formidable operation, M. Delpech resolved to adopt the procedure by which he had succeeded in the above case. He was desirous at the same time of accomplishing this object without the necessity of dividing the integuments by instruments. To effect this, an eschar was made with caustic potassa upon the upper part of the legs of the extent of six francs, and after this eschar was detached from the bone, a pledget of lint dipped in diluted sulphuric acid was applied to it, which after two or three dressings, renewed at intervals of six hours, became so soft, that it could be broken down with common dressing forceps. Two succeeding applications of caustic potassa and sulphuric acid were then made lower down, in a line with the first, and in this manner the sequestrum was exposed to the extent of five or six inches in length by one and a half in breadth. It was extracted with great facility, measured more than six inches in length, and represented nearly two-thirds of a cylinder. The patient experienced but very little pain, and was discharged cured in a month after his admission.

Dr. Bouget represents that M. Delpech had pursued the same practice with equal success in several other cases, both in hospital and civil practice, and that he had himself resorted to it with great advantage in a case of necrosis of the tibia in a child.—*Journ. des Connais. Médicales, Jan.* 1835.

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9. *Helleborus Niger in Intermittent Fever.*—Dr. Berndt remarks, in his *Klinische Mittheilungen,* that in the treatment of quartan agues he seldom employs the bark or its preparations, but relies chiefly on the black hellebore in large doses, as recommended by Hildanus. He obtained the best effects from it when administered in the following formula:

℞ Extract. Hellebor.
Ammon. Muriat. ā ā 3 ii.
Extract. absynth. 3 i.
Aqua menth. pip. ℥ i.

Of this mixture a table-spoonful was administered every two hours. Twelve cases out of thirteen were cured by this method, and it was only found necessary in the thirteenth, to call in the agency of the bark.—*Hecker's Wissenschaftlichen Annalen der gesammt. Heilkunde, Mars,* 1834.

10. *Depurative Liquor of Kœchlin for Scrofulous complaints.*—M. Baudelocque, who has recently published a work on scrofula, represents that he has used the following preparation, which is known in Germany under the name of Kœchlin's liquor, with advantage. This preparation was long ago highly recommended by Helvetius, and according to Trommdorf is prepared in the following manner:

℞ Limaturæ cupri, ʒ i.
Liquor. Ammon. ʒ iss.

Digest in the cold until the fluid assumes a blue colour; then decant, and preserve for use. To prepare the liquor of Kœchlin, this fluid, which is denominated ammoniated tincture of copper, is to be mixed with the following ingredients:—

℞ Tinct. cupri ammoniat. ʒ ii.
Acid. muriatic, ʒ v. & grs. xii.
Aqua distillat. ℔. xiii & ʒ iv.

The dose of this tincture, is, for a child of from three to eleven years, from a small to a large tea-spoonful, once a day, to be taken after the principal meal. It should be followed by one or two table-spoonsful of sweetened wine.—*Journ. des Connaissances Medicales, Fevr.* 1835.

[Note.—As Helvetius has been referred to in relation to the efficacy of this remedy, having his work before us, which is now very scarce, we shall subjoin his directions for the preparation and employment of the medicine, especially as on referring, we find that the formula employed by him differs materially from that given above, on the authority of Trommdorf.

Helvetius employed two preparations of copper, one of which he denominated green tincture of vitriol; the other blue tincture. The following are the directions for the preparation of the green tincture:

Take of cyprian vitriol ʒ ii. pure sal ammoniac ʒ iss. Powder them separately; then mix, and put them in an earthen vessel, over ignited charcoal, and reduce them to the consistence of a thick syrup. The ingredients should be occasionally stirred with a wooden spatula, until the mixture assumes a greenish colour inclining to brown. Finally, increase the heat for a few minutes; and the mixture will gradually dissolve, and become as fluid as water. This done, remove the vessel from the fire, and continue to stir it until the mixture becomes thick, nearly cold, and finally of a firm consistence. Pulverize in a heated mortar, and pass the powder through a filter; if powdered in a cold mortar, it is apt to deliquesce. Add this powder gradually to half a gallon of rectified alcohol in a glass vessel, taking care to shake the vessel from time to time, to prevent the powder from being deposited. When all the powder has been thrown in, add twelve pounds more of alcohol, close the vessel with a moistened bladder, and digest on a sand bath with a gentle heat, for about three days and nights. This will furnish a tincture of a beautiful emerald green colour, which must be filtered through paper, and preserved in a close stopped bottle.

To prepare the blue tincture, it is only necessary to add to the above, a fifth or sixth part of aqua ammonia, the quantity of which must be varied according to its purity,—always taking care to add the liquid until the tincture assumes a beautiful azure hue. This second process is said to render the tincture of vitriol more effective and resolvent.

Whenever, says M. Helvetius, a child is attacked with scrofula or rickets, it should be directed to have every morning, fasting, as many drops of the green tincture as it has years of age. The dose, however, may be doubled, when it does not occasion vomiting; or trebled, when, in consequence of the existence of a superabundance of phlegm in the stomach and lungs, emesis may be necessary. Under other circumstances, the small doses should be continued. The medicine should be mixed with a little wine, and sweetened with sugar, but should never be given in metallic vessels. If the child be at the breast, it should not be allowed to nurse for an hour before, or an hour after taking the medicine; and if weaned, fasting should be enjoined for the same period. The child, however, after taking the morning dose, should dine at the usual time, and three hours afterwards, take a second portion, containing one drop more than the morning dose. Food may be allowed an hour afterwards, as in ordinary. This course with the green tincture should be continued eight days. At the end of this period, the blue tincture is to be administered for the same length of time, and according to the same rules, after which the green tincture is to be resumed, and the two thus alternated through a period of eight days each, for the first month. They are also to be alternated after that term; but during the second month, the periods are extended to fifteen days. At the period of each transition from the one tincture to the other, the child should be purged with some gentle laxative; and injections, together with a proper attention to diet, should be called into requisition during the whole treatment. This plan of treatment is so highly extolled by Helvetius, in tabes and rickets of children, that it deserves from modern physicians a fair and candid trial. It is for this reason we have selected the above details from the work of the author in question.—*Traité des maladies les plus frequentes et des remedes propres a les guerer. Tom. ii. p. 359, Paris*, 1727.—Editor N. American Archives]

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11. *Ointment of M. Dupuytren to prevent the falling of the hair.*

Tinct. Cantharid. ʒ i.
Axong. Porci. ℥ i. & ʒ i.

The tincture employed in this preparation, is prepared by digesting one ounce of powdered cantharides in eight ounces of alcohol. The lard and the tincture are incorporated by trituration.—*Journ. de Med. et de Chirurg. Prat. Mars*, 1835.

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12. *Extraordinary cure of Insanity by the efforts of nature.* By Dr. Munsenthaler.—A young woman, aged about twenty-five years, whose mother had been attacked with insanity at the age of 30, which continued for several years, being thwarted by her parents in her desires to form a matrimonial connection, became at first melancholic, and finally completely insane. She shrieked, cried, and raved incessantly; fancied both herself and her parents possessed; made several attempts to fire the house and the barn; and on one occasion attempted to drown herself in the main, from which, however, she was rescued. The case continuing to grow worse, the doctor was called, who treated it with emetics, venesection, cold to the head, and antimonials. All these means failing, he next prescribed the *gratiola*, but with no better success. Cicuta and digitalis, and pustulation of the shaved scalp were then resorted to, but no amelioration was perceived. By this time the parents had

lost all hope,—felt satisfied that nothing short of the miraculous interference of providence could restore their daughter, and entreated that she should not be disturbed by further remedial measures. About the middle of the present month, observes Dr. Münsenthaler, I was requested by the mother to see the patient, when to my utter astonishment the latter met me in a friendly manner and exclaimed, "are you not surprised to find me again well?" "Shall I inform you how my recovery took place?" The doctor was then informed, that her insanity had continued up to the 5th of the present month; that on the 2d she becames covered with an immense number of watery vesicles, (varicella?) which confined her to bed, and occasioned violent inflammation about the neck; and such a profuse perspiration flowed from the whole surface of the body, that it became necessary to change her linen every three hours. On the 5th, the patient, who had until then continued insane, and made constant attempts to destroy the bed, and commit violence upon the bystanders, became suddenly calm, and conversed rationally with her parents, who regarded it merely as a dream; but in the course of a few days they were rejoiced to find that it was reality; and after the eruption dried, and the perspiration ceased, the patient recovered perfectly, and resumed her ordinary domestic duties.—*Hufeland's Journal der Praktischen Heilkunde, Mai*, 1834.

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13. *Fluxus cœliacus.*—Dr. Pittschaft, after remarking in reference to some observations made by Dr. Rummel in reference to this disease, that the muriate of ammonia, in combination with mild aromatics, is often useful, subjoins; but I fully agree with the author, that *nux vomica*, as well as opium, exercises a peculiar power in allaying the exalted irritability of the rectum, and that there is no other remedy which proves so efficacious as these in subduing the morbid irritability of the muscular coat of the stomach and whole alimentary canal.—*Hufeland's Journal der Praktischen Hielkunde, Marz*, 1834.

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14. *Precocious menstruation.*—Dr. Strohmayer remarks, that in 1816, he saw in the vicinity of St. Polten, a female child, aged nineteen months, who was generally affected during the course of one day with a mucous discharge from the vagina, and for four days afterwards with a free discharge of blood, which recurred for some time at regular monthly periods like the menses. The child in other respects was healthy, passed through the vaccine disease kindly, and had all her functions performed regularly up to the age of three years, at which period she died of hectic fever. *Strohmayer Medicinisch. Praktisch, Darstellung, Wien*, 1831.

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15. *Nux Vomica in spasmodic Asthma.*—A case is reported in Kausch's *Geist und kritik der medec. chirurg. Zeitschriften*, of a young man, aged twenty years, who after having employed all the most efficacious remedies for spasmodic asthma without success, was effectually relieved by the continued use of nux vomica. The habitual difficulty of respiration subsided, and the paroxysms of asthma disappeared and did not return. *Strohmayer Medecinisch. Prak. Darstellung*, 1831.

16. *Death produced by long Fasting.*—In a late number of Graefe and Walther's *Journal für Chirurgie und Augenheilkunde*, a case is reported of an individual affected with amourosis, who intrusted himself to the care of a man, under the promise of obtaining a cure by starvation. For a period of forty-seven days he took no solid aliment, and during four weeks, nothing but pure water, except four cups of tea, sweetened with sugar, which he took on new-year's day. His weight, which previous to the commencement of this treatment was 130 pounds, was reduced to 97; and being thus reduced to an extreme state of emaciation, he died of nervous apoplexy, without having obtained a cure of his amourosis.

Autopsy.—Total deprivation of blood—serous and mucous secretions natural—from eight to ten ounces of serosity in the pericardium—lungs studded with tubercles, some of which were in a state of softening and ulceration. The intestines were free from inflammation, but were contracted throughout their whole extent—especially the transverse arch of the colon. All the organs of the thorax and abdomen in a state of atrophy. The cranium was not opened.—*Gazette Medicale, Février*, 1835.

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17. *Depurative Syrup.*—The following syrup has been employed with considerable advantage in several varieties of cutaneous eruptions.

R. Radex. Rumicis Patientiæ.

Arctium Lappæ,	ă ă	℔ ii.
Fol. Saponariæ,		℔ ii.
Lig. Guayac.		℔ ii.
Fol. Sennæ,		℥ viij.
Mel. despumat, Sach. Alb,	ă ă	℔ x.
Aqua commun,		℔ xxx.

(*Devergie.*)

M. ft, Syrup.—It may be taken in the same doses as the syrup of sarsaparilla, or other preparations of a similar kind.

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18. *Asphyxia from a foreign body lodged in the Trachea.*—M. Murat reported to the Academy of Medicine, at a recent session, the case of an individual who died asphyxied while eating. On examination after death, the trachea was found obstructed with a large mass of beef, and the lungs at some points, affected with sub-pleural emphysema.

[*Jour. Hebdomad. Mars*, 1835.

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19. *New method of obliterating Aneurismal Tumours of the Extremities.* By M. Leroy D'Etoille. The procedure proposed consists in establishing mediate compression upon two points of the artery, at an interval of two inches from each other. The portion of blood thus isolated as it were, coagulates more promptly, than when compression is made in the ordinary way upon a single point. In order to promote the formation of a coagulum, M. Leroy keeps the part covered with ice, and with the view of coagulating the albumen of the isolated portion of blood, he employs acupuncture and galvanism.—

[*Lancette Française, Mars*, 1835.

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20. *Epidemic Hemeralopia.*—Some observations on this subject are contained in Casper's Wochenschrift, No. 14, 1834, from which it appears, that an

epidemic hemeralopia has appeared every summer, for five years, in a charitable institution at Berlin, containing a hundred children. It re-appeared in the summer of 1833, without any appreciable cause, and attacked twenty-three boys and nine girls, amounting in all to thirty-two, out of which number eight had suffered the preceding year. Classified according to age, the subjects of the disease stand as follows: 5 were between the ages of 6 and 7 years; 11 between 8 and 9; 13 between 10 and 11, and 3 between 12 and 13. But it should be remarked, that a large proportion of the children are between the ages of 5 and 10, and that there are very few in the institution over 12 years old. In fourteen, the disease appeared in the month of April—thus proving that it does not depend either upon the heat of summer, or the dazzling rays of the summer sun. Thirteen were attacked in May, and only three in June. The author of the report, discouraged by his previous unsuccessful attempts to arrest the progress of the disease, abandoned his patients this year to the unassisted efforts of nature, and in most of them the hemeralopia disappeared by the month of August. In ten children its duration was four months; in fourteen three months; in five two months, and in three one month.—*Archives Generales de Médecine, Fevr.* 1835.

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21. *Lepra Vulgaris.* The editor of the London Medical and Surgical Journal, remarks,—we have lately cured a young woman of lepra vulgaris, of five years standing, which covered the whole cutaneous surface, and defied a variety of remedies, with the following ointment. Her general health was duly attended to.

℞ Hydriodate of potass. ʒ iss.
Prepared lard, ℥ iss.
Tincture of opium, ʒ i.

M. Gibert found the following successful at the Hôpital St. Louis.

℞ Ioduret of Ammonia, ϑ i.—ʒ i.
Prepared lard, ℥ i.

Daily, for twenty-nine days.

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22. *Remedy for Itch.*—Dr. Hospital uses the following ointment with success:

℞ Lac. Sulph. ℥ iss.
Pulv. Clor. Calcis. ℥ ii.
Adipis, ℥ vi.

Double this quantity effects a cure.—*Lond Med. and Surg. Journal, May,* 1835.

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23. *Cure of Jaundice.*—Frere Le Ome used to cure jaundice by giving a drachm of dried and powdered walnut leaves, infused in a glass of white wine, every morning fasting. From fifteen to twenty doses were for the most part sufficient to annihilate the disorder.—*Ib.*

VARIETIES.

The Medical Society of the State of New York offer a prize of fifty dollars for the best dissertation on the following subject:

"The influence of trades, professions and occupations in the United States in the production of disease."

The following gentlemen compose the committee on that subject: Drs; John B. Beck, James R. Manley, Richard Pennel, John Stearns, and John C. Cheeseman.

The Editors of the Boston Medical Magazine "offer a prize of fifty dollars for the best Medical Essay, consisting of not less than fifteen, nor more than thirty octavo pages, which shall be offered on the following conditions:

1. The subject of the essay may be chosen by the writer, from among the various topics of medical science, literature, practice and ethics.

2. Every competitor must deposite his manuscript with William D. Ticknor, No. 138 Washington street, Boston, post paid, on or before the first day of January, 1836,—accompanied with a sealed packet bearing the name and address of the writer.

3. A committee of five disinterested and accomplished physicians will be selected to examine the essays, and adjudge the premium.

4. The successful essay will be published in the Magazine, and a copy of it sent to every medical institution in the United States, bearing the names of the author and of the gentlemen who acted as judges.

5. All the essays offered for the prize shall be at the disposal of the proprietors of the Magazine, who may publish them or any of them, as they may judge best; but the letters containing the names of the unsuccessful competitors shall be destroyed unopened, as soon as the decision of the judges is made.

New Medical College at Cincinnati.—We learn from a supplement to the Western Medical and Physical Journal, that a new medical school has been recently organized in connection with the CINCINNATI COLLEGE, the several chairs of which are to be filled by the following gentlemen:

Special and Surgical Anatomy,
JOSEPH N. McDOWELL, M.D.

General and Pathological Anatomy, Physiology and Medical Jurisprudence,
SAMUEL D. GROSS, M.D.

Surgery,
HORATIO G. JAMESON, M.D.
(Late of Washington Medical College, Baltimore.)

Obstetrics and the Diseases peculiar to Women and Children.
LANDON C. [illegible]IVES, M.D.
(Late of Virginia.)

Chemistry and Pharmacy,
JAMES B. ROGERS, M.D.
(Late of Washington Medical College, Baltimore.)

Materia Medica,

JOHN P. HARRISON, M.D,

(Late of Louisville, Kentucky.)

Theory and Practice of Medicine,

DANIEL DRAKE, M.D.

Adjunct Professor of Chemistry and Lecturer on Botany,

J. L. RIDDELE.

(Late of New York.)

Editorial Notices and Acknowledgments.

The communications of Professor Potter, of Baltimore, Dr. Cumming, of Frederick county, Md. Dr. Tolefree, of New York, and others, will appear in our next.

We are not in the habit of informing our contributors of the notice taken of their communications by American and foreign journals. But as such information may be flattering to some of them, as the circumstance is certainly highly agreeable to ourselves, we may state, that no medical periodical of this country has its pages more frequently noticed abroad than the Baltimore Medical and Surgical Journal, and its successor, the North American Archives of Medical and Surgical Science. Our Journal is regularly sent to most of the American, English, French, Italian, German, and Danish medical periodicals; and we have been highly gratified by the frequent extracts which have been made from it by our cotemporaries, both at home and abroad. In more than one instance, our selections from continental journals have returned to Europe, and been transferred from our pages to those of the English periodicals. If this species of fame be considered by our professional brethren as a sufficient incentive to the use of the pen, we think they may reasonably count on it by honouring our pages with their communications. If they require compensation, we regret that we can only offer them our thanks, and hold up as their reward, that which should be esteemed above all price,—the consciousness of doing good.

Outlines of Comparative Anatomy; by Robert E. Grant, M.D. F.R.S. &c. Professor of Comparative Anatomy and Zoology in the University of London, and Lecturer on Human Physiology. Part I. containing osteology, ligaments and muscles, illustrated with 65 wood cuts. London, 1835. J. B. Ballière.

Revue Médicale Français et Etrangère, for January, February and March, 1835. (*In exchange.*)

Annales de la Médecine Physiologique, for December, 1834. (*In exchange.*) This Journal has been merged in the Journal Hebdomadaire.

Bulletin Général de Thérapeutique Médicale et Chirurgicale. Livraison 1, 2, 3, 4, 5, 6, of vol. viii. for January, February and March, 1835. (*In exchange.*)

Journal des Connaissances Medicales Pratiques et de Pharmacologie, Nos. 1, 2, 3, 4, 5, 6, 7, for August, September, October, November and December, 1834, and January and February, 1835. (*In exchange.*)

Journal de Médecine et de Chirurgie Pratique. Cahiers 1, 2, 3, 4, for January, February, March and April, 1835. (*In exchange.*)

Journal des Connaissances Medico-Chirurgicales, for June, 1835. (*In exchange.*)

Journal Hebdomadaire des Progrès des Sciences et Institutions Médicales. Nos 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, for January, February and March, 1835. (*In exchange.*)

La Lancette Français; Gazette des Hopitaux Civils et Militaire. Nos. 1 to 46, for January, February, March and April, 1835. (*In exchange.*)

The London Medical Gazette, part i. vol. ii. for April, 1835.

The Lancet, Nos. 1, 2, 3, 4, for April, 1835.

The London Medical and Surgical Journal, Part 39, for April, 1835.

The Boston Medical and Surgical Journal, Nos. 20, 21, 22, 23, 24, for July, 1835. (*In exchange.*)

Medical Magazine, No. 23, 24, for July, 1835. (*In exchange.*)

The United States Medical and Surgical Journal, No. 11, for June, 1835. (*In exchange.*)

The Western Medical Gazette, No. 12, for April, 1835. (*In exchange.*)

THE FACULTY

OF THE

MEDICAL COLLEGE

OF THE

STATE OF SOUTH CAROLINA,

Announce to the public that the Lectures of this Institution will be resumed on the second Monday in November, on the following branches:

ANATOMY—J. Edwards Holbrook, M.D.
SURGERY—John Wagner, M.D.
INSTITUTES AND PRACTICE OF MEDICINE, S. Henry Dickson, M.D.
PHYSIOLOGY—James Moultrie, M.D.
MATERIA MEDICA—Henry R. Frost, M.D.
CHEMISTRY—Edmund Ravenel, M.D.
OBSTETRICS—Thomas G. Prioleau, M.D.
DEMONSTRATOR OF ANATOMY—John Bellinger, M.D.

In issuing this their circular, they cannot but congratulate themselves upon the success which has attended their exertions. The gradually increasing classes of each succeeding year,* while they have inspirited them in their undertakings, have also reminded [illegible]n of the extent of their obligations, and excited them to renewed diligence [illegible] the performance of their duties.

They proceed to state what has been done in the advancement of the

* The class in 1833 & 34 numbered 104 students, and 39 graduates. The class in 1834 & 35 numbered 127 students and 38 graduates.

interests of the college, as well as the opportunities which are afforded for the acquirement of a medical education.

In the several departments of the profession, the opportunities for improvement have been much extended, and exertions made to place this institution upon as respectable a footing as any other in the union.

The library established a year since, numbers upwards of 2,000 volumes of useful, necessary and valuable books.

Additions have been made by contributions and purchases to the museum of specimens in natural history, phrenological casts, and anatomical preparations. Orders were sent during the past year to France and Italy, for anatomical preparations, of which some have been received, and others expected. Among the first are some very interesting specimens of the absorbent system from Bianchini of Pisa, which he has pronounced better than any ever sent to this country.

An Infirmary established by the Faculty has been instrumental in bringing to the notice of the students, diseases and morbid affections of a very interesting character.

The operations performed before the class during the past year have been lithotomy;—for hydrocele, with the several modes of treatment by incision, seton, and injection; for cataract, by depression, puncturing and extraction; for strangulated hernia; extirpation of cancerous mamma, and tumours of various sizes; amputation of the leg, penis, &c. &c.

Opportunities for clinical instruction are furnished by attendance upon the Marine Hospital and City Alms House, the wards of which, by a resolution of the City Council, are open to all *students of medicine in the city*.

The qualifications for a degree are similar to those of other colleges.

Good boarding and lodging can be obtained in the city at four dollars per week.

The healthiness of Charleston, with its moderate climate during the winter season, may be inducement with many to resort to this institution for health, and the prosecution of their medical pursuits. HENRY R. FROST, *Dean*.

UNIVERSITY OF MARYLAND.

The Lectures in the Medical Department of this Institution will commence on the last Monday of October, and continue until the first of March.

NATHANIEL POTTER, M.D. *Pathology, and the Practice of Medicine.*

RICHARD WILMOT HALL, M.D. *Obstetrics, and the Diseases of Women and Children.*

NATHAN R. SMITH, M.D. *Surgery.*

JULIUS T. DUCATEL, M.D. *Chemistry and Pharmacy.*

E. GEDDINGS, M.D. *Anatomy and Physiology.*

ROBLEY DUNGLISON, M.D. *Materia Medica, Therapeutics, Hygiène, and Medical Jurisprudence.*

Clinical Lectures will be given at the Baltimore Infirmary, by the Professors of the Practice of Medicine and Surgery.

With a view to afford every facility in the prosecution of Practical Anatomy, the Demonstrator—Dr. Baxley—will open the dissecting rooms on the first of October.

Baltimore, July, 1835. ROBLEY DUNGLISON, M.D. *Dean.*